

**Section 8 –  
Complaints, Grievances, and Fair  
Hearings**

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

### Complaints, Grievances, and Fair Hearings

If a provider or **AmeriHealth Caritas Pennsylvania** does something that you are unhappy about or do not agree with, you can tell **AmeriHealth Caritas Pennsylvania** or the Department of Human Services what you are unhappy about or that you disagree with what the provider or **AmeriHealth Caritas Pennsylvania** has done. This section describes what you can do and what will happen.

#### Complaints

##### What is a Complaint?

A Complaint is when you tell **AmeriHealth Caritas Pennsylvania** you are unhappy with **AmeriHealth Caritas Pennsylvania** or your provider or do not agree with a decision by **AmeriHealth Caritas Pennsylvania**.

Some things you may file a complaint about:

- You are unhappy with the care you are getting.
- You cannot get the service or item you want because it is not a covered service or item.
- You have not gotten services that **AmeriHealth Caritas Pennsylvania** has approved.
- You were denied a request to disagree with a decision that you have to pay your provider.

#### First Level Complaint

##### What Should I Do if I Have a Complaint?

To file a first level Complaint:

- Call **AmeriHealth Caritas Pennsylvania** at **1-888-991-7200 (TTY 1-888-987-5704)** and tell **AmeriHealth Caritas Pennsylvania** your Complaint, or
- Write down your Complaint and send it to **AmeriHealth Caritas Pennsylvania** using one of the below methods or
- If you received a notice from **AmeriHealth Caritas Pennsylvania** telling you **AmeriHealth Caritas Pennsylvania's** decision and the notice included a

## **AmeriHealth Caritas Pennsylvania 2025 Member Handbook**

Complaint/Grievance Request Form, fill out the form and send it to **AmeriHealth Caritas Pennsylvania** using one of the below methods.

**AmeriHealth Caritas Pennsylvania's** contact information for Complaints:

**By Mail at**

**Member Appeals Department  
Attention: Member Advocate  
AmeriHealth Caritas Pennsylvania  
200 Stevens Drive  
Philadelphia, PA 19113-1570**

**By Fax at 215-937-5367**

**By Secure Email\* at [PAMemberAppeals@amerihealthcaritas.com](mailto:PAMemberAppeals@amerihealthcaritas.com)**

\* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

Your provider can file a Complaint for you if you give the provider your consent in writing to do so.

### **When Should I File a First Level Complaint?**

Some Complaints have a time limit on filing. You must file a Complaint within **60 days of getting a notice** telling you that

- **AmeriHealth Caritas Pennsylvania** has decided that you cannot get a service or item you want because it is not a covered service or item.
- **AmeriHealth Caritas Pennsylvania** will not pay a provider for a service or item you got.
- **AmeriHealth Caritas Pennsylvania** did not tell you its decision about a Complaint or Grievance you told **AmeriHealth Caritas Pennsylvania** about within **30 days** from when **AmeriHealth Caritas Pennsylvania** got your Complaint or Grievance.
- **AmeriHealth Caritas Pennsylvania** has denied your request to disagree with **AmeriHealth Caritas Pennsylvania's** decision that you have to pay your provider.

You must file a Complaint **within 60 days of the date you should have gotten a service or item** if you did not get a service or item. The time by which you should have received a service or item is listed below:

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

<b>New member appointment for your first examination...</b>	<b>We will make an appointment for you...</b>
members with HIV/AIDS	with PCP or specialist no later than 7 days after you become a member in <b>AmeriHealth Caritas Pennsylvania</b> unless you are already being treated by a PCP or specialist.
members who receive Supplemental Security Income (SSI)	With PCP or specialist no later than 45 days after you become a member in <b>AmeriHealth Caritas Pennsylvania</b> , unless you are already being treated by a PCP or specialist.
members under the age of 21	With PCP for an EPSDT exam no later than 45 days after you become a member in <b>AmeriHealth Caritas Pennsylvania</b> , unless you are already being treated by a PCP or specialist.
all other members	With PCP no later than 3 weeks after you become a member in <b>AmeriHealth Caritas Pennsylvania</b> .
<b>Members who are pregnant:</b>	<b>We will make an appointment for you . . .</b>
pregnant women in their first trimester	with OB/GYN provider within 10 business days of <b>AmeriHealth Caritas Pennsylvania</b> learning you are pregnant.
pregnant women in their second trimester	With OB/GYN provider within 5 business days of <b>AmeriHealth Caritas Pennsylvania</b> learning you are pregnant.
pregnant women in their third trimester	With OB/GYN provider within 4 business days of <b>AmeriHealth Caritas Pennsylvania</b> learning you are pregnant.
pregnant women with high-risk pregnancies	With OB/GYN provider within 24 hours of <b>AmeriHealth Caritas Pennsylvania</b> learning you are pregnant.

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

<b>Appointment with...</b>	<b>An appointment must be scheduled . . .</b>
<b>PCP</b>	
urgent medical condition	within 24 hours.
routine appointment	Within 10 business days.
health assessment/general physical examination	Within 3 weeks.
<b>Specialists (when referred by PCP)</b>	
urgent medical condition	Within 24 hours of referral.
routine appointment with one of the following specialists: <ul style="list-style-type: none"> <li>• Otolaryngology</li> <li>• Dermatology</li> <li>• Pediatric Endocrinology</li> <li>• Pediatric General Surgery</li> <li>• Pediatric Infectious Disease</li> <li>• Pediatric Neurology</li> <li>• Pediatric Pulmonology</li> <li>• Pediatric Rheumatology</li> <li>• Dentist</li> <li>• Orthopedic Surgery</li> <li>• Pediatric Allergy &amp; Immunology</li> <li>• Pediatric Gastroenterology</li> <li>• Pediatric Hematology</li> <li>• Pediatric Nephrology</li> <li>• Pediatric Oncology</li> </ul>	Within 15 business days of referral

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

<ul style="list-style-type: none"> <li>• Pediatric Rehab Medicine</li> <li>• Pediatric Urology</li> <li>• Pediatric Dentistry</li> </ul>	
routine appointment with all other specialists	within 10 business days of referral

You may file **all other Complaints at any time.**

### What Happens After I File a First Level Complaint?

After you file your Complaint, you will get a letter from **AmeriHealth Caritas Pennsylvania** telling you that **AmeriHealth Caritas Pennsylvania** has received your Complaint, and about the First Level Complaint review process.

You may ask **AmeriHealth Caritas Pennsylvania** to see any information **AmeriHealth Caritas Pennsylvania** has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to **AmeriHealth Caritas Pennsylvania**.

You may attend the Complaint review if you want to attend it. **AmeriHealth Caritas Pennsylvania** will tell you the location, date, and time of the Complaint review at least 10 days before the day of the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 1 or more **AmeriHealth Caritas Pennsylvania** staff who were not involved in and do not work for someone who was involved in the issue you filed your Complaint about will meet to make a decision about your Complaint. If the Complaint is about a clinical issue, a licensed doctor or licensed dentist will be on the committee. **AmeriHealth Caritas Pennsylvania** will mail you a notice within thirty (30) days from the date **AmeriHealth Caritas Pennsylvania** received the Complaint unless you have requested that **AmeriHealth Caritas Pennsylvania** take an additional fourteen (14) days to decide the Complaint. The notice will tell you **AmeriHealth Caritas Pennsylvania's** decision on your First Level Complaint and what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page **99**.

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

### What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you file a Complaint that is postmarked or received by **AmeriHealth Caritas Pennsylvania** within 15 days of the date on the notice telling you that the services or items you have been receiving are not covered services or items for you, the services or items will continue until a decision is made.

### What if I Do Not Like AmeriHealth Caritas Pennsylvania's Decision?

You may ask for an external Complaint review, a Fair Hearing, or an external Complaint review and a Fair Hearing if the Complaint is about one of the following:

- **AmeriHealth Caritas Pennsylvania's** decision that you cannot get a service or item you want because it is not a covered service or item.
- **AmeriHealth Caritas Pennsylvania's** decision to not pay a provider not enrolled in the Medical Assistance Program for a service or item you got without authorization.
- **AmeriHealth Caritas Pennsylvania's** decision to not pay a provider for a service or item you got, because the service or item is not a covered service for you.
- **AmeriHealth Caritas Pennsylvania's** failure to decide a Complaint or Grievance you told **AmeriHealth Caritas Pennsylvania** about within **30** days from when **AmeriHealth Caritas Pennsylvania** got your Complaint or Grievance.
- You not getting a service or item within the time by which you should have received it
- **AmeriHealth Caritas Pennsylvania's** decision to deny your request to disagree with **AmeriHealth Caritas Pennsylvania's** decision that you have to pay your provider.

You must ask for an external Complaint review by submitting your request in writing to the Pennsylvania Insurance Department's Bureau of Consumer Services within **15 days of the date you got the First Level Complaint decision notice**.

To ask for an external review of your Complaint, send your request to the following:

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

Pennsylvania Insurance Department  
Bureau of Consumer Services  
Room 1209, Strawberry Square  
Harrisburg, PA 17120  
Fax: 717-787-8585

or

Go to the "File a Complaint Page" at  
<https://www.insurance.pa.gov/Consumers/Pages/default.aspx>

If you need help filing your request for external review, call the Bureau of Consumer Services at 1-877-881-6388

You must ask for a Fair Hearing within **120 days from the mail date on the notice** telling you the Complaint decision.

For all other Complaints, you may file a Second Level Complaint within **45 days of the date you got the Complaint decision notice**.

For information about Fair Hearings, see page **101**.  
For information about external Complaint review, see page **92**.  
If you need more information about help during the Complaint process, see page **99**.

### Second Level Complaint

#### What Should I Do if I Want to File a Second Level Complaint?

To file a Second Level Complaint:

- Call **AmeriHealth Caritas Pennsylvania** at **1-888-991-7200 (TTY 1-888-987-5704)** and tell **AmeriHealth Caritas Pennsylvania** your Second Level Complaint, or
- Write down your Second Level Complaint and send it to **AmeriHealth Caritas Pennsylvania** using one of the below methods or
- Fill out the Complaint Request Form included in your Complaint decision notice and send it to **AmeriHealth Caritas Pennsylvania** using one of the below methods.

**AmeriHealth Caritas Pennsylvania's** contact information for Second Level Complaints

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

By mail at  
Member Appeals Department  
Attention: Member Advocate  
AmeriHealth Caritas Pennsylvania  
200 Stevens Drive  
Philadelphia, PA 19113-1570  
By fax at 215-937-5367

By secure email\* at [PAMemberAppeals@amerihealthcaritas.com](mailto:PAMemberAppeals@amerihealthcaritas.com)

\* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

### What Happens After I File a Second Level Complaint?

After you file your Second Level Complaint, you will get a letter from **AmeriHealth Caritas Pennsylvania** telling you that **AmeriHealth Caritas Pennsylvania** has received your Complaint, and about the Second Level Complaint review process.

You may ask **AmeriHealth Caritas Pennsylvania** to see any information **AmeriHealth Caritas Pennsylvania** has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to **AmeriHealth Caritas Pennsylvania**.

You may attend the Complaint review if you want to attend it. **AmeriHealth Caritas Pennsylvania** will tell you the location, date, and time of the Complaint review at least 15 days before the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 3 or more people, including at least 1 person who does not work for **AmeriHealth Caritas Pennsylvania**, will meet to decide your Second Level Complaint. The **AmeriHealth Caritas Pennsylvania** staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about. If the Complaint is about a clinical issue, a licensed doctor or licensed dentist will be on the committee. **AmeriHealth Caritas Pennsylvania** will mail you a notice within **45** days from the date your Second Level Complaint was received to tell you the decision on your Second Level Complaint. The letter will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page <b>99</b> .
--

### What if I Do Not Like AmeriHealth Caritas Pennsylvania's Decision on My Second Level Complaint?

You may ask for an external review from the Pennsylvania Insurance Department's Bureau of Managed Care.

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

You must ask for an external review **within 15 days of the date you got the Second Level Complaint decision notice.**

### External Complaint Review

#### How Do I Ask for an External Complaint Review?

Send your written request for an external review of your Complaint to the following:

Pennsylvania Insurance Department  
Bureau of Consumer Services  
Room 1209, Strawberry Square  
Harrisburg, PA 17120  
Fax: 717-787-8585

You can also go to the “File a Complaint Page” at:  
<https://www.insurance.pa.gov/Consumers/Pages/default.aspx>

If you need help filing your request for external review, call the Bureau of Consumer Services at 1-877-881-6388.

If you ask, the Bureau of Consumer Services will help you put your Complaint in writing.

#### What Happens After I Ask for an External Complaint Review?

The Pennsylvania Insurance Department will get your file from **AmeriHealth Caritas Pennsylvania**. You may also send them any other information that may help with the external review of your Complaint.

You may be represented by an attorney or another person such as your representative during the external review.

A decision letter will be sent to you after the decision is made. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

### What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and your request for an external Complaint review is postmarked or received by the Pennsylvania Insurance Department within 15 days of the date on the notice telling you **AmeriHealth Caritas Pennsylvania's** First Level Complaint decision that you cannot get services or items you have been receiving because they are not covered services or items for you, the services or items will continue until a decision is made. If you will be asking for both an external Complaint review and a Fair Hearing, you must request both the external Complaint review and the Fair Hearing within 15 days of the date on the notice telling you **AmeriHealth Caritas Pennsylvania's** First Level Complaint decision. If you wait to request a Fair Hearing until after receiving a decision on your external Complaint, services will not continue.

## GRIEVANCES

### What is a Grievance?

When **AmeriHealth Caritas Pennsylvania** denies, decreases, or approves a service or item different than the service or item you requested because it is not medically necessary, you will get a notice telling you **AmeriHealth Caritas Pennsylvania's** decision.

A Grievance is when you tell **AmeriHealth Caritas Pennsylvania** you disagree with **AmeriHealth Caritas Pennsylvania's** decision.

### What Should I Do if I Have a Grievance?

To file a Grievance:

- Call **AmeriHealth Caritas Pennsylvania** at **1-888-991-7200 (TTY 1-888-987-5704)** and tell **AmeriHealth Caritas Pennsylvania** your Grievance, or
- Write down your Grievance and send it to **AmeriHealth Caritas Pennsylvania** using one of the below methods or
- Fill out the Complaint/Grievance Request Form included in the denial notice you got from **AmeriHealth Caritas Pennsylvania** and send it to **AmeriHealth Caritas Pennsylvania** using one of the below methods.

**AmeriHealth Caritas Pennsylvania's** contact information for Grievances:

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

By mail at  
Member Appeals Department  
Attention: Member Advocate  
AmeriHealth Caritas Pennsylvania  
200 Stevens Drive  
Philadelphia, PA 19113-1570  
By fax at 215-937-5367

By secure email\* at [PAMemberAppeals@amerihealthcaritas.com](mailto:PAMemberAppeals@amerihealthcaritas.com)

\* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

Your provider can file a Grievance for you if you give the provider your consent in writing to do so. If your provider files a Grievance for you, you cannot file a separate Grievance on your own.

### When Should I File a Grievance?

You must file a Grievance within **60 days from the date you get the notice** telling you about the denial, decrease, or approval of a different service or item for you.

### What Happens After I File a Grievance?

After you file your Grievance, you will get a letter from **AmeriHealth Caritas Pennsylvania** telling you that **AmeriHealth Caritas Pennsylvania** has received your Grievance, and about the Grievance review process.

You may ask **AmeriHealth Caritas Pennsylvania** to see any information that **AmeriHealth Caritas Pennsylvania** used to make the decision you filed your Grievance about at no cost to you. You may also send information that you have about your Grievance to **AmeriHealth Caritas Pennsylvania**.

You may attend the Grievance review if you want to attend it. **AmeriHealth Caritas Pennsylvania** will tell you the location, date, and time of the Grievance review at least 10 days before the day of the Grievance review. You may appear at the Grievance review in person, by phone, or by videoconference. If you decide that you do not want to attend the Grievance review, it will not affect the decision.

A committee of 3 or more people, including a licensed doctor or licensed dentist, will meet to decide your Grievance. The **AmeriHealth Caritas Pennsylvania** staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about. **AmeriHealth Caritas Pennsylvania** will mail you a notice within **30 days** from the date your Grievance was received to tell you the decision on your Grievance. The notice will also tell you what you can do if you do not like the decision.

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

If you need more information about help during the Grievance process, see page **99**.

### What to do to continue getting services:

If you have been getting services or items that are being reduced, changed, or denied and you file a Grievance that is postmarked or received by **AmeriHealth Caritas Pennsylvania** within 15 days of the date on the notice telling you that the services or items you have been receiving are being reduced, changed, or denied, the services or items will continue until a decision is made.

### What if I Do Not Like AmeriHealth Caritas Pennsylvania's Decision?

You may ask for an external Grievance review or a Fair Hearing or you may ask for both an external Grievance review and a Fair Hearing. An external Grievance review is a review by a doctor who does not work for **AmeriHealth Caritas Pennsylvania**.

You must ask for an external Grievance review within **15 days of the date you got the Grievance decision notice**.

You must ask for a Fair Hearing from the Department of Human Services **within 120 days from the date on the notice** telling you the Grievance decision.

For information about Fair Hearings, see page **101**.

For information about external Grievance reviews, see below

If you need more information about help during the Grievance process, see page **99**.

## External Grievance Review

### How Do I Ask for External Grievance Review?

To ask for an external Grievance review:

- Call **AmeriHealth Caritas Pennsylvania** at **1-888-991-7200 (TTY 1-888-987-5704)** and tell **AmeriHealth Caritas Pennsylvania** your Grievance, or
- Write down your Grievance and send it to **AmeriHealth Caritas Pennsylvania** using one of the below methods.

**AmeriHealth Caritas Pennsylvania's** contact information for External Grievances:

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

By mail at  
Member Appeals Department  
Attention: Member Advocate  
AmeriHealth Caritas Pennsylvania  
200 Stevens Drive  
Philadelphia, PA 19113-1570  
By fax at 215-937-5367

By secure email\* at [PAMemberAppeals@amerihealthcaritas.com](mailto:PAMemberAppeals@amerihealthcaritas.com)

\* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

**AmeriHealth Caritas Pennsylvania** will send your request for external Grievance review to the Pennsylvania Insurance Department.

### What Happens After I Ask for an External Grievance Review?

**AmeriHealth Caritas Pennsylvania** will notify you of the external Grievance reviewer's name, address, email address, fax number, and phone number. You will also be given information about the external Grievance review process.

**AmeriHealth Caritas Pennsylvania** will send your Grievance file to the reviewer. You may provide additional information that may help with the external review of your Grievance to the reviewer within 20 days of being notified of the external Grievance reviewer's name.

You will receive a decision letter within 60 days of the date you asked for an external Grievance review. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.

#### **What to do to continue getting services:**

If you have been getting the services or items that are being reduced, changed, or denied and you ask for an external Grievance review verbally or in a written request that is postmarked or received by the Pennsylvania Insurance Department within 15 days of the date on the notice telling you **AmeriHealth Caritas Pennsylvania's** Grievance decision, the services or items will continue until a decision is made. If you will be asking for both an external Grievance review and a Fair Hearing, you must request both the external Grievance review and the Fair Hearing within 15 days of the date on the notice telling you **AmeriHealth Caritas Pennsylvania's** Grievance decision. If you wait to request a Fair Hearing until after receiving a decision on your external Grievance, services will not continue.

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

### Expedited Complaints and Grievances

#### What Can I Do if My Health Is at Immediate Risk?

If your doctor or dentist believes that waiting **30** days to get a decision about your First Level Complaint or Grievance, or **45** days to get a decision about your Second Level Complaint, could harm your health, you or your doctor or dentist may ask that your Complaint or Grievance be decided more quickly. For your Complaint or Grievance to be decided more quickly:

- You must ask **AmeriHealth Caritas Pennsylvania** for an early decision by calling **AmeriHealth Caritas Pennsylvania** at **1-888-991-7200 (TTY 1-888-987-5704)**, faxing a letter or the Complaint/Grievance Request Form to **215-937-5367**, or sending an email to **PAMemberAppeals@amerihealthcaritas.com**.
- Your doctor or dentist should fax a signed letter to **215-937-5367** within 72 hours of your request for an early decision that explains why **AmeriHealth Caritas Pennsylvania** taking **30** days to get a decision about your First Level Complaint or Grievance, or **45** days to get a decision about your Second Level Complaint, could harm your health.

If **AmeriHealth Caritas Pennsylvania** does not receive a letter from your doctor or dentist and the information provided does not show that taking the usual amount of time to decide your Complaint or Grievance could harm your health, **AmeriHealth Caritas Pennsylvania** will decide your Complaint or Grievance in the usual time frame of **30** days from when **AmeriHealth Caritas Pennsylvania** first got your First Level Complaint or Grievance, or **45** days from when **AmeriHealth Caritas Pennsylvania** got your Second Level Complaint.

#### Expedited Complaint and Expedited External Complaint

A committee of 1 or more people, including a licensed doctor or licensed dentist will review your expedited Complaint.. Other providers may participate in the review but, the licensed doctor or licensed dentist will decide your Complaint. The **AmeriHealth Caritas Pennsylvania** staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about.

You may attend the expedited Complaint review if you want to attend it. You can attend the Complaint review in person, but may have to appear by phone or by videoconference because **AmeriHealth Caritas Pennsylvania** has a short amount of

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

time to decide an expedited Complaint. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

**AmeriHealth Caritas Pennsylvania** will tell you the decision about your Complaint within 48 hours of when **AmeriHealth Caritas Pennsylvania** gets your doctor's or dentist's letter explaining why the usual time frame for deciding your Complaint will harm your health or within 72 hours from when **AmeriHealth Caritas Pennsylvania** gets your request for an early decision, whichever is sooner, unless you ask **AmeriHealth Caritas Pennsylvania** to take more time to decide your Complaint. You can ask **AmeriHealth Caritas Pennsylvania** to take up to 14 more days to decide your Complaint. You will also get a notice telling you the reason(s) for the decision and how to ask for an expedited external Complaint review, if you do not like the decision.

If you did not like the expedited Complaint decision, you may ask for an expedited external Complaint review from the Pennsylvania Insurance Department within **2 business days from the date you get the expedited Complaint decision notice**. To ask for an expedited external review of a Complaint, send your request to the following:

Pennsylvania Insurance Department  
Bureau of Consumer Services  
Room 1209, Strawberry Square  
Harrisburg, PA 17120  
Fax: 717-787-8585

or

Go to the "File a Complaint Page" at  
<https://www.insurance.pa.gov/Consumers/Pages/default.aspx>

- If you need help filing your request for external review, call the Bureau of Consumer Services at 1-877-881-6388

### Expedited Grievance and Expedited External Grievance

A committee of 3 or more people, including a licensed doctor or licensed dentist, will meet to decide your Grievance. The **AmeriHealth Caritas Pennsylvania** staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about.

You may attend the expedited Grievance review if you want to attend it. You can attend the Grievance review in person, but may have to appear by phone or by videoconference because **AmeriHealth Caritas Pennsylvania** has a short amount of time to decide the expedited Grievance. If you decide that you do not want to attend the Grievance review, it will not affect our decision.

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

**AmeriHealth Caritas Pennsylvania** will tell you the decision about your Grievance within 48 hours of when **AmeriHealth Caritas Pennsylvania** gets your doctor's or dentist's letter explaining why the usual time frame for deciding your Grievance will harm your health or within 72 hours from when **AmeriHealth Caritas Pennsylvania** gets your request for an early decision, whichever is sooner, unless you ask **AmeriHealth Caritas Pennsylvania** to take more time to decide your Grievance. You can ask **AmeriHealth Caritas Pennsylvania** to take up to 14 more days to decide your Grievance. You will also get a notice telling you the reason(s) for the decision and what to do if you do not like the decision.

If you do not like the expedited Grievance decision, you may ask for an expedited external Grievance review or an expedited Fair Hearing by the Department of Human Services or both an expedited external Grievance review and an expedited Fair Hearing.

You must ask for expedited external Grievance review within **2 business days from the date you get the expedited Grievance decision notice**. To ask for expedited external review of a Grievance:

- Call **AmeriHealth Caritas Pennsylvania** at **1-888-991-7200 (TTY 1-888-987-5704)** and tell **AmeriHealth Caritas Pennsylvania** your Grievance, or
- Send an email to **AmeriHealth Caritas Pennsylvania** at **PAMemberAppeals@amerihealthcaritas.com**, or
- Write down your Grievance and send it to **AmeriHealth Caritas Pennsylvania** by mail or fax:  
**Member Appeals Department**  
**Attention: Member Advocate**  
**AmeriHealth Caritas Pennsylvania**  
**200 Stevens Drive**  
**Philadelphia, PA 19113-1570**  
**Fax number: 215-937-5367**

**AmeriHealth Caritas Pennsylvania** will send your request to the Pennsylvania Insurance Department within 24 hours after receiving it.

You must ask for a Fair Hearing within **120 days from the date on the notice** telling you the expedited Grievance decision.

### **What Kind of Help Can I Have with the Complaint and Grievance Processes?**

If you need help filing your Complaint or Grievance, a staff member of **AmeriHealth Caritas Pennsylvania** will help you. This person can also represent you during the Complaint or Grievance process. You do not have to pay for the help of a staff

## **AmeriHealth Caritas Pennsylvania 2025 Member Handbook**

member. This staff member will not have been involved in any decision about your Complaint or Grievance.

You may also have a family member, friend, lawyer or other person help you file your Complaint or Grievance. This person can also help you if you decide you want to appear at the Complaint or Grievance review.

At any time during the Complaint or Grievance process, you can have someone you know represent you or act for you. If you decide to have someone represent or act for you, tell **AmeriHealth Caritas Pennsylvania**, in writing, the name of that person and how **AmeriHealth Caritas Pennsylvania** can reach him or her.

You or the person you choose to represent you may ask **AmeriHealth Caritas Pennsylvania** to see any information **AmeriHealth Caritas Pennsylvania** has about the issue you filed your Complaint or Grievance about at no cost to you.

You may call **AmeriHealth Caritas Pennsylvania's** toll-free telephone number at **1-888-991-7200 (TTY 1-888-987-5704)** if you need help or have questions about Complaints and Grievances, you can contact your local legal aid office at **1-800-322-7572** or call the Pennsylvania Health Law Project at 1-800-274-3258.

### **Persons Whose Primary Language Is Not English**

If you ask for language services, **AmeriHealth Caritas Pennsylvania** will provide the services at no cost to you.

### **Persons with Disabilities**

**AmeriHealth Caritas Pennsylvania** will provide persons with disabilities with the following help in presenting Complaints or Grievances at no cost, if needed. This help includes:

- Providing sign language interpreters;
- Providing information submitted by **AmeriHealth Caritas Pennsylvania** at the Complaint or Grievance review in an alternative format. The alternative format version will be given to you before the review; and
- Providing someone to help copy and present information.

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

### DEPARTMENT OF HUMAN SERVICES FAIR HEARINGS

In some cases you can ask the Department of Human Services to hold a hearing because you are unhappy about or do not agree with something **AmeriHealth Caritas Pennsylvania** did or did not do. These hearings are called “Fair Hearings.” You can ask for a Fair Hearing after **AmeriHealth Caritas Pennsylvania** decides your First Level Complaint or decides your Grievance.

#### What Can I Request a Fair Hearing About and By When Do I Have to Ask for a Fair Hearing?

Your request for a Fair Hearing must be postmarked, faxed, or submitted via email\* within **120 days from the date on the notice** telling you **AmeriHealth Caritas Pennsylvania**’s decision on your First Level Complaint or Grievance about the following:

- The denial of a service or item you want because it is not a covered service or item.
- The denial of payment to a provider for a service or item you got and the provider can bill you for the service or item.
- **AmeriHealth Caritas Pennsylvania**’s failure to decide a First Level Complaint or Grievance you told **AmeriHealth Caritas Pennsylvania** about within **30** days from when **AmeriHealth Caritas Pennsylvania** got your Complaint or Grievance.
- The denial of your request to disagree with **AmeriHealth Caritas Pennsylvania**’s decision that you have to pay your provider.
- The denial of a service or item, decrease of a service or item, or approval of a service or item different from the service or item you requested because it was not medically necessary.
- You’re not getting a service or item within the time by which you should have received a service or item.

You can also request a Fair Hearing within 120 days from the date on the notice telling you that **AmeriHealth Caritas Pennsylvania** failed to decide a First Level Complaint or Grievance you told **AmeriHealth Caritas Pennsylvania** about within **30** days from when **AmeriHealth Caritas Pennsylvania** got your Complaint or Grievance.

## **AmeriHealth Caritas Pennsylvania 2025 Member Handbook**

\* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

### **How Do I Ask for a Fair Hearing?**

Your request for a Fair Hearing must be in writing. You can either fill out and sign the Fair Hearing Request Form included in the Complaint or the Grievance decision notice or write and sign a letter or email.

If you write a letter or email\*, it needs to include the following information:

- Your (the member's) name and date of birth;
- A telephone number where you can be reached during the day;
- Whether you want to have the Fair Hearing in person or by telephone;
- The reason(s) you are asking for a Fair Hearing; and
- A copy of any letter you received about the issue you are asking for a Fair Hearing about.

\*Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email. You may send a request for a Fair Hearing through email and provide your personal identifying information in a letter mailed to the above address.

You must send your request for a Fair Hearing to the following address:

Department of Human Services  
Office of Medical Assistance Programs – HealthChoices Program  
Complaint, Grievance and Fair Hearings  
PO Box 2675  
Harrisburg, PA 17105-2675  
Fax: 1-717-772-6328  
Email: RA-PWCGFHteam@pa.gov

### **What Happens After I Ask for a Fair Hearing?**

You will get a letter from the Department of Human Services' Bureau of Hearings and Appeals telling you where the hearing will be held and the date and time for the hearing. You will receive this letter at least 10 days before the date of the hearing.

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

You may come to where the Fair Hearing will be held or be included by phone. A family member, friend, lawyer or other person may help you during the Fair Hearing. You **MUST** participate in the Fair Hearing.

**AmeriHealth Caritas Pennsylvania** will also go to your Fair Hearing to explain why **AmeriHealth Caritas Pennsylvania** made the decision or explain what happened.

You may ask **AmeriHealth Caritas Pennsylvania** to give you any records, reports and other information about the issue you requested your Fair Hearing about at no cost to you.

### When Will the Fair Hearing Be Decided?

The Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with **AmeriHealth Caritas Pennsylvania**, not including the number of days between the date on the written notice of **AmeriHealth Caritas Pennsylvania's** First Level Complaint decision or Grievance decision and the date you asked for a Fair Hearing.

If you requested a Fair Hearing because **AmeriHealth Caritas Pennsylvania** did not tell you its decision about a Complaint or Grievance you told **AmeriHealth Caritas Pennsylvania** about within **30** days from when **AmeriHealth Caritas Pennsylvania** got your Complaint or Grievance, your Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with **AmeriHealth Caritas Pennsylvania**, not including the number of days between the date on the notice telling you that **AmeriHealth Caritas Pennsylvania** failed to timely decide your Complaint or Grievance and the date you asked for a Fair Hearing.

The Department of Human Services will send you the decision in writing and tell you what to do if you do not like the decision.

If your Fair Hearing is not decided within 90 days from the date the Department of Human Services receives your request, you may be able to get your services until your Fair Hearing is decided. You can call the Department of Human Services at 1-800-798-2339 to ask for your services.

#### **What to do to continue getting services:**

If you have been getting the services or items that are being reduced, changed or denied and you ask for a Fair Hearing and your request is postmarked or received by the Department of Human Services within 15 days of the date on the notice telling you **AmeriHealth Caritas Pennsylvania's** First Level Complaint or Grievance decision, the services or items will continue until a decision is made.

## AmeriHealth Caritas Pennsylvania 2025 Member Handbook

### Expedited Fair Hearing

#### What Can I Do if My Health Is at Immediate Risk?

If your doctor or dentist believes that waiting the usual time frame for deciding a Fair Hearing could harm your health, you may ask that the Fair Hearing take place more quickly. This is called an expedited Fair Hearing. You can ask for an early decision by calling the Department at 1-800-798-2339, by faxing a letter or the Fair Hearing Request Form to 717-772-6328, or submitting a written request electronically via email\* to RA-PWCGFHteam@pa.gov. Your doctor or dentist must fax a signed letter to 717-772-6328 explaining why taking the usual amount of time to decide your Fair Hearing could harm your health. If your doctor or dentist does not send a letter, your doctor or dentist must testify at the Fair Hearing to explain why taking the usual amount of time to decide your Fair Hearing could harm your health.

The Bureau of Hearings and Appeals will schedule a telephone hearing and will tell you its decision within 3 business days after you asked for a Fair Hearing.

If your doctor does not send a written statement and does not testify at the Fair Hearing, the Fair Hearing decision will not be expedited. Another hearing will be scheduled and the Fair Hearing will be decided using the usual time frame for deciding a Fair Hearing.

\* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

You may call **AmeriHealth Caritas Pennsylvania's** toll-free telephone number at **1-888-991-7200 (TTY 1-888-987-5704)** if you need help or have questions about Fair Hearings, you can contact your local legal aid office at **1-800-322-7572** or call the Pennsylvania Health Law Project at 1-800-274-3258.