Community First Health Plans

Commercial Complaint & Complaint Appeal Process

Complaint Procedure

Verbal complaint is received at Community First Health Plans (CFHP).

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Acknowledgement letter with a one-page Complaint form and this Complaint & Complaint Appeal Process is mailed to Complainant no later than 5 business days after the date of receipt of the complaint.

(Complaints regarding an emergency or denial of continued hospitalization will be investigated and resolved in accordance with the medical or dental immediacy of the case, and no later that one business day after CFHP receives the complaint. Because of the emergency or continued hospitalization and at the request of the Complainant, CFHP will provide a review by a physician or provider who has not previously reviewed the case and is of the same or a similar specialty as the provider who would typically manage the medical condition, procedure or treatment under consideration for review in the appeal. The physician/provider may interview the Complainant or designated representative and shall decide the appeal, by initially providing verbal notice with a written notice provided no later than the third day after the date of the decision. Investigation and resolution of an appeal, after emergency care has been provided, shall be conducted in accordance with the routine Complaint and Complaint Appeal procedures.)

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Complaint form or a written complaint is received at CFHP.

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Acknowledgement letter is mailed to Complainant no later than 5 business days after the date of receipt of the Complaint form or written complaint.

(See process noted above regarding emergencies or denial of continued hospitalization.)

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CFHP will conduct an investigation and inform Complainant with a resolution letter, within 30 calendar days after the date of receipt of a written complaint or a completed complaint form. The letter will include the medical and/or contractual reason for the resolution of the complaint, specialization of any physician or other provider consulted during the investigation, a one-page Complaint Appeal form, and this Complaint Appeal process.

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If Complainant is dissatisfied with the complaint resolution, Complainant may appeal in writing to CFHP at any time, by following the Complaint Appeal procedure outlined below.

Complaint Appeal Procedure

Written complaint appeal is received at CFHP.

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An acknowledgement letter is mailed to Complainant within 5 business days after receipt of the complaint appeal, along with this Complaint Appeal process. Complainant may:

- Appear in person before the Complaint Appeal panel, at the site where the Complainant normally receives health care services or at another site agreed to by the Complainant.
- Submit a written appeal to the Complaint Appeal panel, if Complainant does not wish to appear in person.
- Have a designated representative appear before the Appeal Panel if the member is a minor or disabled.
- Present alternative expert testimony.
- Request the presence of and question any person responsible for making the decision which resulted in the appeal.

The Complaint Appeal panel will advise CFHP on the resolution of the disputed decision appealed by the Complainant. The panel shall be composed of an equal number of physicians or other providers, members and CFHP staff. The physicians or providers must have experience in the area of care that is in dispute and will be independent of the person who made any previous determination. If specialty care is in dispute, the panel will include a specialist in the field of care to which the appeal relates. CFHP employees may not participate on the panel in the member role.

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The Complainant will be provided documentation at least 5 business days prior to the date of the Complaint Appeal panel, unless the Complainant agrees otherwise. Notification will include:

- Documentation to be presented to the Complaint Appeal panel by CFHP staff.
- The specialty of any physicians or providers consulted during the investigation.
- The name and affiliation of each Community First representative on the panel.

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The Complaint Appeal panel is held and a notice of the final decision on the appeal is mailed to the Complainant within 30 calendar days from the date of receipt of the complaint appeal. The letter will include the specific medical determination, clinical basis, and contractual criteria used to reach the final decision.

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If Complainant is dissatisfied with the resolution of the complaint appeal, Complainant may file a complaint to the Texas Department of Insurance (TDI).

Texas Department of Insurance
P. O. Box 149104
Austin, Texas 78714-9104
Toll Free telephone number: 1-800-252-3439

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*** Complainant may file a complaint with TDI at any time.**