COMMON GROUND

HEALTHCARE COOPERATIVE

Appeal Filing Information

Please fill out this form completely and return to:

EMAIL: **Grievance@CommonGroundHealthcare.org**
See email privacy warning at bottom of this form

MAIL: Common Ground Healthcare Cooperative (CGHC)
PO Box 1630
Brookfield, WI 53008-1630

FAX: 262-754-9690

An appeal is an expression of dissatisfaction with the following types of denials:

- A prior authorization request
- An adverse medical decision (services determined to be experimental, investigational, or not medically necessary)

Here are some important things to know about appeals:

- **An appeal must be submitted in writing.**
- **Who can submit an appeal request**? The member can file an appeal. It may also be filed by the member's authorized representative (someone appointed by the member to act for them).
- **Authorized Representative Form (ARF)**. CGHC must receive an ARF that is signed by the member before the authorized representative can file an appeal on behalf of the member. Example, if a doctor offers to file an appeal request, you must sign the ARF to appoint them as your representative. The ARF is different from a medical power of attorney and an Authorization to Release Protected Health Information.
- **Appeal turnaround time.** All appeals follow the same process; however, the length of time differs based on medical urgency.
    - **The standard appeal period is thirty (30) calendar days**. This applies to most appeals. Occasionally we will ask for an extension to the standard appeal period. For example, if we need more time while waiting for information from a provider. We will send you a letter when an extension is needed. The extension can be up to 14 calendar days. The letter will include the reason for the extension and the date we expect resolution.
    - **The expedited appeal period is 24 or 72-hours.** An expedited review must be requested at the time the appeal is submitted. An expedited appeal is granted when an urgent medical situation exists. For example, if your life or health could be seriously at risk if the standard 30-day appeal period were applied. If an expedited process is granted, the appeal will be decided within 24 or 72-hours.
- **Acknowledgement of appeal**. CGHC will send a letter within five (5) business days of receiving the appeal request. The letter will include the date and time of the Appeal Committee meeting. The member, or their authorized representative, can attend the meeting via telephone.
- **All appeals are investigated**. This may include, but is not limited to, any aspect of clinical care. Medical records or a provider response may be requested.
- **Closure of appeal**. After the Appeal Committee meets and decides about the request, we will send a letter that explains the decision made about the appeal. If the decision is not in your favor, the letter will also explain next steps.

Please provide all details related to your request when submitting this form. Be sure to include any evidence to support why a service or medication is needed.

I. Subscriber/Member Information

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH

HOME ADDRESS – STREET	CITY	STATE	ZIP CODE

PRIMARY PHONE (include area code)	SECONDARY PHONE (include area code)	NEW ADDRESS?	SUBSCRIBER ID NUMBER
		☐ YES ☐ NO	

Email Warning – Please keep in mind that communications sent via email over the internet, unless sent encrypted, are not necessarily secure. Although unlikely, there is a possibility that the information you include in an email can be intercepted and read by other persons besides the one to whom it is addressed.

II. Evidence Supporting the Need for the Requested Service or Medication

SERVICE or MEDICATION(S) PREVIOUSLY DENIED	EXPEDITED REVIEW? ☐ YES ☐ NO	PRIOR AUTHORIZATION NUMBER

Below, describe in detail the nature of the facts and circumstances that explain your need for the service or medication. Include medical records, physician notes, journal articles, clinical trial information, etc. Attach additional pages as needed.

III. Evidence Supporting the Need for an Expedited Appeal (24 or 72-hour time limit)

If the time required for a standard appeal could seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum functions, then an expedited process is justified. The decision is made based on the details provided in this appeal request, your provider's support of the request, and/or our internal review. Expedited appeals are granted for all requests concerning admission to a facility, continued stay, or healthcare services for a member who received emergency services but has not been discharged. Below, describe in detail the reason that an expedited appeal is needed.

SIGNATURE OF THE PERSON COMPLETING THE FORM	DATE
Please check the box below to indicate who is signing the form: ☐ I certify that I am the CGHC member who is filing the appeal ☐ I certify that I am the subscriber, parent, or legal guardian filing an appeal on behalf of the **member who is a minor.** ☐ I am someone other than the subscriber/member. I understand that an *Authorized Representative Form (ARF)* that is signed by the member must be received by CGHC before I can file an appeal on the member's behalf.	The Authorized Representative Form can be found on the CGHC website at: *https://CommonGroundHealthcare.org/FAQ/*

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