

About Your Complaint and Appeal Rights

You can make complaints about:

- the care or service we provide
- the quality or availability of a healthcare service
- the care or service you get from any provider in our network.

You also have the right to appeal any action we take or decision we make about your coverage.

What if I need help understanding a denial?

Check your member booklet or benefits summary to understand what your plan does or does not cover. You can learn more about [explanation of benefit notices](#) or [medical necessity](#) on our website. If you still have questions, call Customer Service at 800-596-3440.

What if I don't agree with a decision my health plan makes?

You have the right to appeal such a decision within 180 days of the date you get notice of our decision.

How do I make a complaint?

Call Customer Service at 800-596-3440. The complaint process allows Customer Service to quickly and informally correct errors, clarify benefits or take steps to improve our service.

Customer Service may ask you to send your complaint for review through the formal internal appeals process outlined below.

How do I file an appeal?

Use our [Member Appeal form](#), or send a letter to:

LifeWise Health Plan of Oregon
Attn: Member Appeals P.O. Box 91102
Seattle, WA 98111-9202

Or fax our Appeals Department at (425) 918-5592.

What if my situation is urgent?

If your provider thinks a delay will harm your health and we agree, we will speed up your review.

Who may file an appeal?

You or someone you choose to act for you may file an appeal. Complete the [Appeals Authorization for Release of Healthcare Information and Records form](#) if you want to have someone act for you.

Can I offer more information about my claim?

Yes, you may send us more information with your appeal submission.

Can I ask for copies of information related to my claim?

Yes, you may ask for copies by contacting us at 800-596-3440. There is no cost for these copies.

What happens next?

If you file an appeal, we will review our decision and send you a written response. If we continue to deny the payment, coverage or service request, we will send you information about further appeal rights, including those about independent review.

Resources to help you:

If you have questions about a denial of a claim or your appeal rights, contact LifeWise Customer Service for help at 800-596-3440. You may also get help from the Oregon Insurance Division. If the Employee Retirement Income Security Act of 1974 (ERISA) governs your plan, you can also contact the Employee Benefits Security Administration of the U.S. Department of Labor.

Oregon Insurance Division
P.O. Box 14480
Salem, OR 97309-0405
(503) 947-7984 or 888-877-4894

www.cbs.state.or.us/ins/consumer/consumer.html

Employee Benefits Security Administration
866-444-3272

If you have any questions, please call Customer Service at 800-592-3440.

Para obtener ayuda en español, llámenos al número de teléfono que se indica arriba.

Sa pagtamo ng tulong sa Tagalog, tawagan kami sa nasa itaas na numero ng telepono.

如果想用中文獲取幫助，請撥打上面的電話號碼聯繫我們。

Diné k'ehjí yálti'ígíí shíka'adoolwoł nínizingo díí béesh bee hane'é bich'i'í'hodílnih.

Our TDD/TTY number for the hearing-impaired is 800-842-5357.



Discrimination is Against the Law

LifeWise Health Plan of Oregon (LifeWise) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-596-3440 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-596-3440 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-596-3440 (TTY: 711)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-596-3440 (телетайп: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-596-3440 (TTY: 711) 번으로 전화해 주십시오.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-596-3440 (телетайп: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-596-3440 (TTY:711) まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-596-3440 (رقم هاتف الصم والبكم: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 800-596-3440 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-596-3440 (TTY: 711)។

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-596-3440 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-596-3440 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-596-3440 (TTY: 711) تماس بگیرید.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-596-3440 (ATS: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-596-3440 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-596-3440 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-596-3440 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-596-3440 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-596-3440 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-596-3440 (TTY: 711).