

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 yáhti'ígíí shíka'adoolwoł nínizingo díí béesh bee hane'é bich'i'hodílnih.

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





Discrimination is Against the Law

LifeWise Health Plan of Oregon complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through LifeWise Health Plan of Oregon. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-596-3440 (TTY: 800-842-5357).

Español (Spanish): Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de LifeWise Health Plan of Oregon. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-596-3440 (TTY: 800-842-5357).

中文 (Chinese): 本通知有重要的訊息。本通知可能有關於您透過 LifeWise Health Plan of Oregon 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-596-3440 (TTY: 800-842-5357)。

Tiếng Việt (Vietnamese): Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình LifeWise Health Plan of Oregon. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-596-3440 (TTY: 800-842-5357).

Tagalog (Tagalog): Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng LifeWise Health Plan of Oregon. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-596-3440 (TTY: 800-842-5357).