

CHPW Medicare Advantage Plan Appeals and Grievances Data Report

January 1, 2024 to December 31, 2024

What kind of information is this?	Medicare Advantage plan members have the right to file an appeal or grievance with their plan. Individuals eligible to enroll in a Medicare Advantage plan have the right to request information about the number of appeals and grievances a plan receives. The next few pages contain information about the appeals and grievances that CHPW Medicare Advantage received in 2024.
How many members does CHPW Medicare Advantage have?	CHPW Medicare Advantage Plan has about 15,268 members.
What is a level 1 appeal?	<p>A level 1 appeal is a formal request for CHPW Medicare Advantage to review CHPW Medicare Advantage's decision not to pay for, not to provide, or to stop an item or service that a member believes they need.</p> <p>If a member cannot get an item or service that the member feels they need, or if the plan has denied payment of a claim for a service the member has already received, the member can appeal to the plan. For example, a member might appeal our decision to stop physical therapy, to deny a visit to a specialist, or to deny payment of a claim.</p> <p>The number of level 1 appeals CHPW Medicare Advantage had in 2024 can be found on line 1 of the attached report. The number of level 1 appeals received per 1,000 members can be found on line 2.</p>

<p>What can happen with level 1 appeals?</p>	<p>Plans may decide to pay for or to provide all services that the member asked for. These are called favorable decisions.</p> <p>Sometimes, plans decide not to pay for or to provide the services that the member asked for. These are called unfavorable decisions.</p> <p>Sometimes, a member may decide to withdraw their appeal. Because the plan dismisses a withdrawn appeal, they are not included in this report.</p> <p>The number of favorable level 1 appeal decisions CHPW Medicare Advantage made can be found on line 3 of the attached report. Unfavorable decisions can be found on line 4.</p>
<p>What is a grievance?</p>	<p>A grievance is a complaint that a member makes about CHPW Medicare Advantage. For example, a member can file a grievance when they are unhappy because they believe their plan gives them too much or too little information, there are long wait times when calling the plan, a doctor's office waiting room is too cold, or they have to travel long distances to get to their doctor.</p> <p>The number of grievances CHPW Medicare Advantage had in 2024 can be found on line 5 of the attached report. The number of grievances received per 1,000 members can be found on line 6.</p>
<p>Where can I get more information about appeals and grievances?</p>	<p>If you are a member of CHPW Medicare Advantage, you have the right to file an appeal or grievance.</p> <p>You can contact CHPW Medicare Advantage at 1-800-942-0247 to resolve a concern you may have or to get more information on how to file an appeal or grievance. TTY users can call 7-1-1. You may also refer to your Evidence of Coverage for a complete explanation of your rights.</p> <p>You also can contact the Beneficiary and Family Centered Care-Quality Improvement Organization (QIO) at 1-888-305-6759 (TTY users can call 1- 855-843-4776) for more information about quality of care grievances or to file a quality of care grievance.</p>

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Average Number of Members in 2024: 15,268

Level 1 Appeals

	Description	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total
1	Level 1 appeals received	207	155	207	133	702
2	Level 1 appeals per 1,000 members	13.21	10.10	13.70	8.90	11.48
3	Favorable level 1 appeal decisions	121	97	121	104	443
4	Unfavorable level 1 appeal decisions	86	58	86	29	259

Grievances

	Description	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total
5	Grievances received	696	388	380	480	1,944
6	Grievances per 1,000 members	14.8	8.43	8.38	10.71	10.61

Quarter 1: January 1 – March 31

Quarter 2: April 1 – June 30

Quarter 3: July 1 – September 30

Quarter 4: October 1 – December 31

Year Total: January 1 - December 31