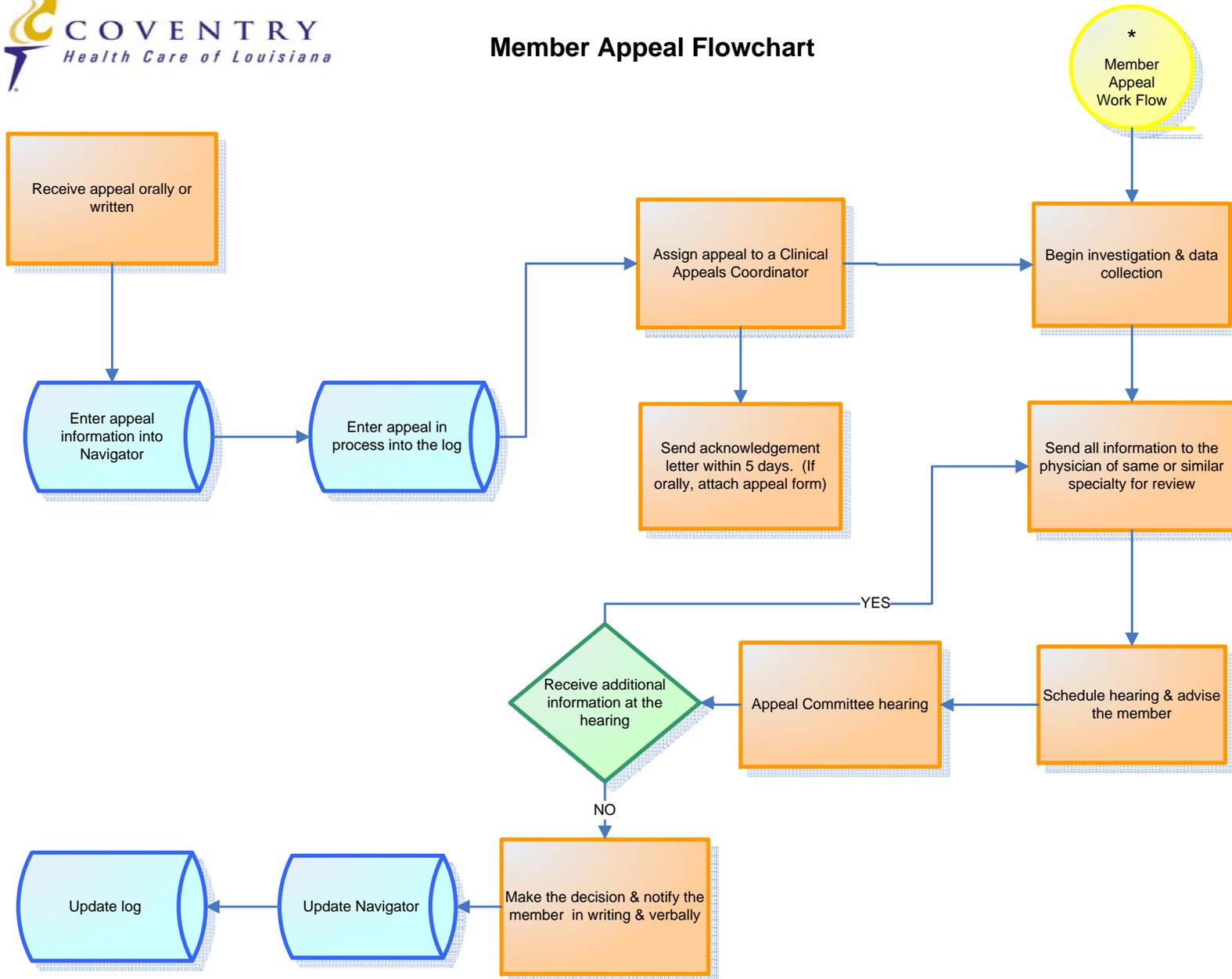


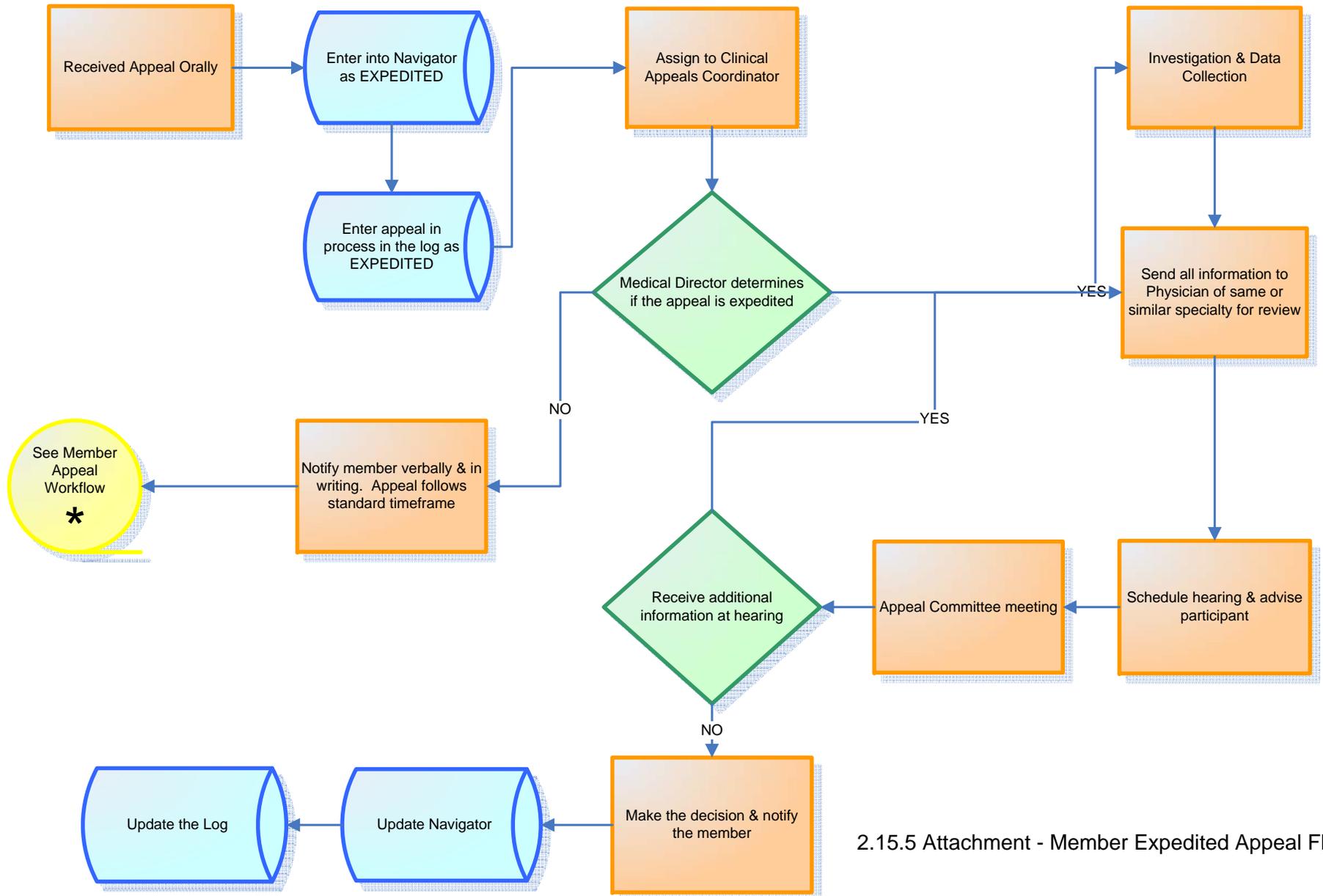
Member Appeal Flowchart



Member Appeal Work Flow: This outline is an explanation of the member appeal workflow.

- STEP 1: APPEAL RECEIPT (from a member or a member's representative or provider).
 - > Entered into Navigator Tracking system (verbal appeals are received by Quality Improvement Department)
 - > Assigned to Appeals and Grievance Coordinator
- STEP 2: APPEAL PROCESSING (performed by Appeals Coordinator)
 - > Verifies appeal received within 30 calendar days from date on Coventry's notice of action
 - > Sends member acknowledgement letter within 3 business days of receipt of appeal
 - > For Verbal Appeals, member is sent an Appeal Form as part of the acknowledgement letter
 - a) Acknowledgement letters advise the member of their right to attend the Appeal Hearing.
 - b) Members are given the opportunity to present evidence, and allegations of fact or law, in person as well as in writing
 - > Enters "Appeal in Process" for status in the State Database
- STEP 3: INVESTIGATION (performed by Appeals Coordinator)
 - > Obtains necessary medical or dental information needed for the hearing
 - > Forwards member's case file to a physician reviewer who has not been involved in this case
 - a) The reviewer has the appropriate clinical expertise in treating the member's condition or disease.
 - b) Member or member's representative may review the member's case file, including medical records and any other documents
 - > Appeal Hearing date set and member advised of hearing date
- STEP 4: EXTENSION OF TIME FRAME
 - > Upon member request, the appeal may be extended by up to 14 calendar days
 - > Appeals Coordinator may request an extension (for up to 14 calendar days)
 - a) There must be a need for additional information and the delay must be in the best interest of the member
 - b) Member will be notified of the extension and the reason and member must agree to the extension
- STEP 5: APPEAL COMMITTEE HEARING
 - > Each appeal is presented at the Appeal Committee Hearing; Medical Director presides as chair of meeting
 - > Case is presented by the Appeals Coordinator
 - > Member Not Present
 - a) Medical Director presents the decisions of the physician reviewer
 - b) Decision based upon the majority determinations made by the physician reviewer
 - > Member and/or Member's Representative Present
 - a) Member and/or member's representative introduced to the committee members
 - b) Member and/or representative advised of the proceedings and that the information has been reviewed by the physician reviewer
 - c) Specialties of physician reviewers disclosed
 - d) Member and/or Representative is allowed to present his/her case (this may include additional written documentation)
 - e) Questions are exchanged between Member and/or Representative and committee members
 - f) After member and/or representative complete their presentation, they are dismissed from the hearing
 - g) Case is discussed among committee and determination is made based upon new information provided and physician reviewer decision
 - > Case may be pended for further review if additional information presented at hearing which requires follow-up
 - > Member advised of delay in the decision, pending further review of physician review
 - > The case is placed on docket for re-examination at the next Appeals Hearing Committee meeting
- STEP 6: NOTIFICATION of DECISION
 - > Appeals Coordinator notifies member by phone (if possible) and informs member of decision
 - > Member notified in writing of decision as expeditiously as the member's health condition requires or within 30 days from the date of the appeal's receipt (not to exceed 44 days)
 - > Letter includes:
 - a) Result of the resolution process, Date completed, Member's right to request a State Fair Hearing, instructions on how to request a State Fair Hearing, member's right to request to receive benefits while the hearing is pending, how the member makes that request to receive benefits, advises members that they may be held liable for the cost of these benefits should the hearing decision uphold Coventry's decision
- STEP 7: STATE DATABASE UPDATED - Information regarding the completed appeal is entered into the State's Database and Navigator

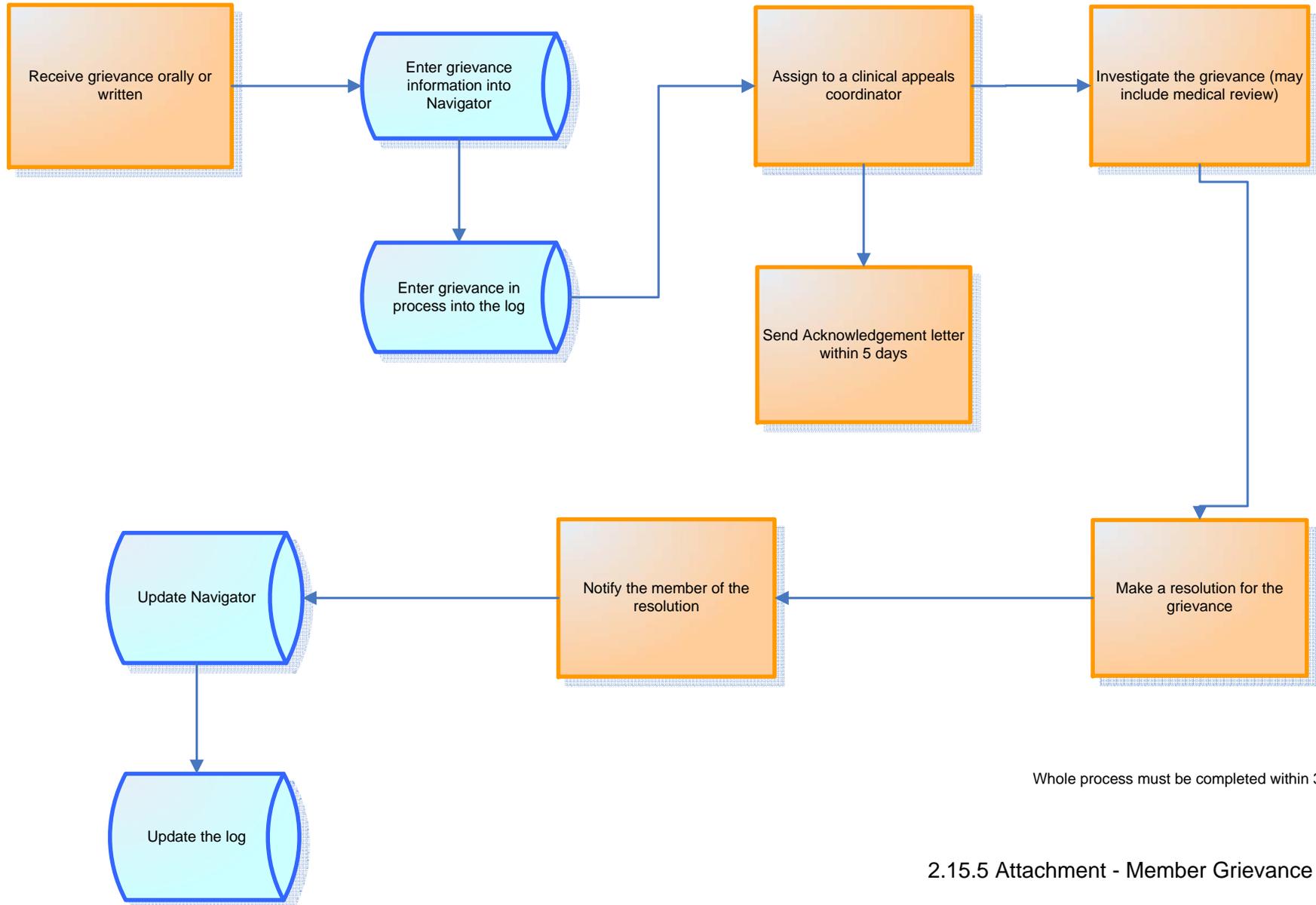
Member Expedited Appeal Flowchart



Member Expedited Appeal Work Flow: This outline is an explanation of the member expedited appeal workflow.

- STEP 1: APPEAL RECEIPT (from a member or a member's representative or provider).
- > Entered into Navigator Tracking system (verbal appeals are received by Quality Improvement Department)
 - > Assigned to Appeals and Grievance Coordinator
- STEP 2: APPEAL PROCESSING (performed by Appeals Coordinator)
- > Verifies appeal received within 30 calendar days from date on Coventry's notice of action
 - > Sends member acknowledgement letter within 10 business days of receipt of appeal
 - > Verifies with Medical Director that appeal meets expedited criteria (completed in 24 hours)
 - a) If meets criteria, member notifies in 24 hours and in writing within two calendar days
 - b) If does not meet criteria, becomes a standard appeal (see member appeal workflow)
 - > Enters "Appeal in Process" for status in the State Database
- STEP 3: INVESTIGATION (performed by Appeals Coordinator)
- > Obtains necessary medical or dental information needed for the hearing
 - > Forwards member's case file to a physician reviewer who has not been involved in this case
 - a) The reviewer has the appropriate clinical expertise in treating the member's condition or disease.
 - b) Member or member's representative may review the member's case file, including medical records and any other documents
 - > Appeal Hearing date set and member advised of hearing date
- STEP 4: EXTENSION OF TIME FRAME
- > Upon member request, the appeal may be extended by up to 14 calendar days
 - > Appeals Coordinator may request an extension (for up to 14 calendar days)
 - a) There must be a need for additional information and the delay must be in the best interest of the member
 - b) Member will be notified of the extension and the reason and member must agree to the extension
- STEP 5: APPEAL COMMITTEE HEARING
- > Each appeal is presented at the Appeal Committee Hearing; Medical Director presides as chair of meeting
 - > Case is presented by the Appeals Coordinator
 - > Member Not Present
 - a) Medical Director presents the decisions of the physician reviewer
 - b) Decision based upon the majority determinations made by the physician reviewer
 - > Member and/or Member's Representative Present
 - a) Member and/or member's representative introduced to the committee members
 - b) Member and/or representative advised of the proceedings and that the information has been reviewed by physician reviewer
 - c) Specialty of physician reviewer disclosed
 - d) Member and/or Representative is allowed to present his/her case (this may include additional written documentation)
 - e) Questions are exchanged between Member and/or Representative and committee members
 - f) After member and/or representative complete their presentation, they are dismissed from the hearing
 - g) Case is discussed among committee and determination is made based upon new information provided and physician reviewer decision
 - > Case may be pended for further review if additional information presented at hearing which requires follow-up
 - > Member advised of delay in the decision, pending further review of physician reviewer (review must occur within 72 hour timeframe or request an extension)
 - > As soon as physician reviewer reaches a decision, the Appeals Committee meets to determine appeal resolution
 - > Decision based upon the majority determinations made by the physician reviewer
- STEP 6: NOTIFICATION of DECISION
- > Appeals Coordinator notifies member by phone (if possible) and informs member of decision
 - > Member notified in writing of decision as expeditiously as the member's health condition requires not to exceed 72 hours from the date of the appeal's receipt
 - > Letter includes:
 - a) Result of the resolution process, Date completed, Member's right to request a State Fair Hearing, instructions on how to request a State Fair Hearing, member's right to request to receive benefits while the hearing is pending, how the member makes that request to receive benefits, advises members that they may be held liable for the cost of these benefits should the hearing decision uphold Coventry's decision
- STEP 7: STATE DATABASE UPDATED - Information regarding the completed appeal is entered into the State's Database and Navigator

Member Grievance Flowchart



Member Grievance Work Flow This outline is an explanation of the member grievance workflow.

STEP 1: RECEIPT

A) Received Orally:

- > Member Services receives the phone call
- > Call entered into Navigator Tracking System
- > Assigned to the Clinical Appeals Coordinator

B). Received by Mail

- > Entered into the Navigator Tracking System
- > Assigned to Clinical Appeals Coordinator

STEP 2: ACKNOWLEDGEMENT / NOTIFICATION

- > Send acknowledgement letter to member within 5 business days of receipt of the grievance
- > Enter "Grievance In Process" into the log

STEP 3: INVESTIGATION

- > Appeals Coordinator reviews Navigator Task/Grievance data
- > Appeals Coordinator identifies Grievance Type
 - > Subcontractor Issue
 - > Subcontractor informed of the grievance
 - > Subcontractor investigates
 - > Subcontractor advises Clinical Appeals Coordinator on results
 - > Provider Issue
 - > Provider Relations may be notified to visit or contact provider
 - > Appeals Coordinator assists in obtaining specialist appointment within the contractual requirements
 - > Quality of Care Issue
 - > Task assigned to Coventry's Quality Improvement Department
 - > Issue investigated by a Coventry nurse and appropriate resolution action taken
 - > Denial of expedited resolution of an appeal
 - > Clinical Appeals Coordinator reviews grievance with a Medical Director who was not involved in the original decision
 - > Clinical Appeals Coordinator ensures reviewer has the appropriate clinical expertise in treating the member's condition or disease

STEP 4: REQUEST FOR EXTENSION (if necessary)

- > Member may request an extension
 - > Appeals Coordinator documents extension in Navigator
- > Appeals Coordinator will request an extension of up to 14 calendar days if there is need for additional information and delay is in the member's interest
 - > Member must approve the extension
 - > Member notified in writing and given reason for the delay
 - > Appeals Coordinator documents extension in Navigator

STEP 5: WRITTEN NOTICE of DISPOSITION

- > Within 30 days or as expeditiously as the member's health condition requires written notice of the disposition of the grievance is sent to the member

STEP 6: STATE DATABASE UPDATED Information regarding the completed grievance is entered into the State's Data Base and Navigator