



PCABP GUIDE TO MEMBER AND PROVIDER COMPLAINTS AND APPEALS

Based on feedback from members and providers, Panama Canal Area Benefit Plan (PCABP) is clarifying our guidelines for submitting complaints, appeals, grievances, and requests for reconsideration regarding the PCABP.

The complaints and appeals process are designed to provide appropriate and timely review when member and providers express dissatisfaction about the standard services or disagree with a decision made by PCABP. The procedures also meet requirements of state laws and accreditation agencies.

Complaints

A complaint is a verbal or written expression of dissatisfaction about the standard of service.

Complaints must be received in writing via Complaint Request Form.

Response Time: Complaints will be responded to in writing within fifteen (15) business days.

Appeals

An appeal is a written request to review a negative claim action, or request to reconsider our decision on a previous submitted complaint. Members or Providers who are not satisfied with the outcome of any (either service issue or claims) have a right to appeal the decision following the guidelines outlined in the Plan's brochure (Section 8 The Disputed Claims Process)

Appeal review requests must be received, in writing, within 6 months from the date of our decision, via Complaint Request Form for member and Request for Revision of Payments Form for provider.

Response Time: Appeals shall be responded to in writing within thirty (30) days unless additional information is required. Under these circumstances, we must notify the member or provider in writing before the expiration of the original 30-day period.