QualChoice® HEALTH INSURANCE

# Right to Appeal Notice

Self-Funded Plan Members

**This is important information about your appeal rights. Please keep a copy.**

QualChoice is the Plan Administrator for your employer's health plan. We must follow the requirements of your *Summary Plan Description*. If QualChoice denies coverage or payment of a claim (in whole or in part), you have the right to ask us to change that decision. This is called an *appeal*.

## What is an adverse benefit determination?

- When we decline to pay a claim (in whole or in part), it is called an *adverse benefit determination* or a *denial.* We will send you an *Explanation of Benefits (EOB)* or a letter explaining why the claim was denied.

## What if I need help understanding an adverse benefit determination?

To learn more about diagnosis and treatment codes and their meaning, or for other help, please call. We're happy to help!

Customer Service
Monday through Friday – 8:00 a.m. to 5:00 p.m. 800.235.7111 or 501.228.7111

## What if I don't agree with the denial?

If you don't agree, you may file an appeal. It must be received it in writing.

## How do I file an appeal?

Complete the *Member Appeal Request Form** or send a letter explaining your appeal. We must receive it within **180 days** of the date you received your *EOB* or denial letter.

## Who may file an appeal?

You may file an appeal on your own. You may also approve someone to act on your behalf. This person is called an *authorized representative*. If you approve someone else to act on your behalf, you must let us know on the *Member Appeal Request Form**.

## Can I send additional information about my claim?

You, your doctor or another healthcare expert can send us additional facts. This might help us change our decision. Be sure to send a copy of any added information with your written request.

0112 CR 012_04 06/2021




© 2022 QualChoice. All rights reserved.

### Can I request a copy of the information used in denying my claim?

You are entitled to receive, on request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits. Simply call or complete the *Request for Access to Personal Health Information** form and send it in with your request.

| Phone | Mail |
|---|---|
| Customer Service<br>800.235.7111 or<br>501.228.7111<br>Monday-Friday, 8:00 a.m.<br>to 5:00 p.m. | QualChoice<br>ATTN: Appeals and<br>Grievance Coordinator<br>P.O. Box 25610<br>Little Rock, AR 72221-5610 |

### When will QualChoice make a Level 1 decision?

#### Administrative Appeals

- *Pre-service* (care not yet received) request: within **15 days** of your appeal
- *Post-service* (care already received) appeal: within **30 days** of your appeal

#### Medical Appeals

- *Pre-service* (care not yet received) request: within **30 days** of your appeal
- *Post-service* (care already received) appeal: within **60 days** of your appeal

### What if my health issue is urgent?

An *urgent* care claim is when you or your doctor feel that:

- Your health, life or recovery is at high risk, or
- You are having a high level of pain.

In this case, you or your doctor acting on your behalf, may ask for an *expedited* internal appeal. If your issue meets the definition of *urgent* under the law, we will respond within **72 hours**.

### What if I don't agree with the Level 1 decision?

#### Administrative Appeals

If you do not agree with the Level 1 decision, you may request a Level 2 review with the plan sponsor as described in the *Summary Plan Description*. The plan sponsor must receive your request within 180 days of the date you received your Level 1 EOB or denial letter.

#### Medical Appeals

**External Review Request**

You have the right to an external review by an outside third party for medical necessity or experimental/investigational procedures, if:

•We still deny your claims for coverage or service, or

•You did not get a timely decision from us (60 days for post-service claims and 30 days for pre-service requests)

If you qualify for a standard external review, your appeal must be filed within 4 months after the date you receive this notice. Please contact your plan sponsor to request an external review.

You also have the right to request an expedited external review.

**You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency**

**You will not be held responsible for the cost of the External Review.**


© 2022 QualChoice. All rights reserved.

Arkansas Department of Health

4815 W. Markham Little Rock, AR 72205-3867

Phone: 1-800-462-0599

www.healthy.arkansas.gov

Arkansas State Medical Board

1401 West Capitol Avenue, Suite 340

Little Rock, AR 72201-2936

Phone: 501-296-1802 Fax: 501-603-3555 Email: support@armedicalboard.org www.armedicalboard.org

| **Arkansas Insurance Department** | **U.S. Dept. of Labor** |
|---|---|
| Consumer Services Division<br>1200 West Third St<br>Little Rock AR 72201<br>P: 800.852.5494<br>Email: insurance.consumers@arkansas.gov | Employee Benefits Security Administration (EBSA)<br>P: 866.444.EBSA (3272)<br>www.askebsa.dol.gov |

*Forms are located at QualChoice.com. Select *Already a Member?*, then *Find a Form or Document*. Or call us at 800.235.7111 or 501.228.7111 and ask for a copy to be mailed to you.


© 2022 QualChoice. All rights reserved.