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. In following 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 do not pay a claim (in whole or in part), it is called an *adverse benefit determination*. It is also called a denial. You will get an *Explanation of Benefits (EOB)* or a letter from us explaining the denial.

What if I need help understanding an adverse benefit determination?

If you need help, please call us. We are 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 in writing.

How do I file an appeal?

You are encouraged to 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 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 provide additional information for review of 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.

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

You may call or write us to request a copy of the information we used in making our decision. Simply call or complete the *Request for Access to Personal Health Information** form and send it in with your request.

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

How long will it be before QualChoice makes a Level 1 decision?

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

If you do not agree with the Level 1 decision, we will follow the requirements in your *Summary Plan Description* document in responding to a further appeal.

*Forms 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.