

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

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*. We have two levels of review. If you do not agree with our ruling after Level 1 review, you can ask for another, called a Level 2 review.

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 telling 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 can 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

*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.

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

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

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 may be defined as *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 our Level 1 ruling, you can ask for a Level 2 review. You have 30 days from the date that you get our Level 1 decision letter to ask for a Level 2 review. Your Level 2 request must be received in writing and sent to:

QualChoice
ATTN: Appeals and Grievance Coordinator
P.O. Box 25610
Little Rock, AR 72221-5610

External Review Request

You have the right to an *external* review by an outside third party, if:

- We still deny your claims for coverage or service after both levels of appeal are used up, or
- You did not get a timely decision from us (30 days for post-service claims and 15 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 write or call:

Arkansas Insurance Department
Attn: External Appeals
1200 W. Third St., Little Rock, AR 72201
800.852.5494 or 501.371.2640
www.insurance.arkansas.gov

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

What other help is available?

For questions about your appeal rights or for additional help, call:

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