

**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*.

**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 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

\*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 **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 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 we continue to deny the coverage or service requested, or you do not receive a timely decision (*30 days for post-service claims and 30 days for pre-service requests*), you may be able to request an **External Review** of your claim by an independent third party who will review the denial and issue a final decision.

**External Review Request**

If you are eligible 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](http://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: <a href="mailto:insurance.consumers@arkansas.gov">insurance.consumers@arkansas.gov</a>	Employee Benefits Security Administration (EBSA) P: 866.444.EBSA (3272) <a href="http://www.askebsa.dol.gov">www.askebsa.dol.gov</a>

**NOTA IMPORTANTE**

Miembros ubicados en el Condado de Sevier, Arkansas pueden solicitar asistencia en Español, llámame al siguiente número: 800.235.7111