

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

If QualChoice makes a decision about your benefits or coverage that results in a claim being denied (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 the first level review, you can ask for another review. This is a Level 2 review.

What is an adverse benefit determination?

When we do not pay a claim (in whole or in part) this is an ‘adverse benefit determination’. It is also called a denial. You will get an *Explanation of Benefits (EOB)* or a letter from us telling you about the denial.

What if I need help understanding a denial (adverse benefit determination)?

If you need help in understanding a denial, 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 with our denial you may file an appeal. Your appeal must be received in writing.

How do I file an appeal?

If you decide to file an appeal, you will need to complete our *Member Appeal Request Form**. We must receive your appeal within **180 days** of the date you received your *EOB* or a 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 that will assist with review of my claim?

You, your doctor or another healthcare professional can send us more information. This might help us change our decision. Be sure to make a copy of any additional information and send it in 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 **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, your life or your recovery is at high risk. Or you are at 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 our Level 1 decision, you can ask for a Level 2 review. You have 30 days from the date that you get our Level 1 decisions 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

What other help is available?

If you have questions about your appeal rights or need additional help, you can call:

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

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

- We still deny your claims for coverage or service after both levels of appeal are used up; or,
- You did not receive a timely decision from us (**30 days** for post-service claims and **15 days** for pre-service requests)

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

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

* Forms located at QualChoice.com, select Members, and then Forms. Or call us at 800.235.7111 or 501.228.7111 and request a copy free of charge.

Non-Discrimination and Accessibility Notice

QualChoice complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. QualChoice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

QualChoice:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at (501) 228-7111. If you believe that QualChoice has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

QualChoice Civil Rights Coordinator
QualChoice
P.O. Box 25610
Little Rock, AR 72221-5610
(501) 228-7111
Fax #: 501-707-6729
QCA_COE@qualchoice.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the QualChoice Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Notice of Discrimination Grievance Procedures

It is the policy of QualChoice not to discriminate on the basis of race, color, national origin, sex, age or disability. QualChoice has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of the QualChoice Civil Rights Coordinator, who has been designated to coordinate the efforts of QualChoice to comply with Section 1557 (the "Section 1557 Coordinator"):

QualChoice Civil Rights Coordinator
QualChoice
P.O. Box 25610
Little Rock, AR 72221-5610
(501) 228-7111
Fax #: 501-707-6729
QCA_COE@qualchoice.com

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for QualChoice to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within sixty (60) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of QualChoice relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than thirty (30) days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the Vice President Corporate Responsibility within fifteen (15) days of receiving the Section 1557 Coordinator's decision. The Vice President Corporate Responsibility shall issue a written decision in response to the appeal no later than thirty (30) days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination. QualChoice will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

QualChoice offers help for members with limited English proficiency (LEP). The following statement is printed in the top languages used in Arkansas, as required by the Federal government. ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-800-235-7111 (TTY: 711).

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-235-7111 (TTY: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-235-7111 (TTY: 711).

Marshallese

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbāl in jipañ ilo kajin ñe am ejjelōk wōñāān. Kaalōk 1-800-235-7111 (TTY: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-235-7111 (TTY: 711)。

Lao

ໂປດຊາວລາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-235-7111 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-235-7111 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-235-7111 (رقم هاتف الصم والبكم: 117).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-235-7111 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-235-7111 (ATS: 711).

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-235-7111 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-235-7111 (TTY: 711) 번으로 전화해 주십시오.

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-235-7111 (TTY: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-235-7111 (TTY: 711) まで、お電話にてご連絡ください。

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-235-7111 (TTY: 711) पर कॉल करें।

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-235-7111 (TTY: 711).