# State of Arizona

## Guidelines and Procedures for Members Who Want to Appeal or Grieve an Adverse Benefit Determination


An Independent Licensee of the Blue Cross Blue Shield Association

ARIZONA
DEPARTMENT OF ADMINISTRATION
HUMAN RESOURCES

## What is an adverse benefit determination?

An adverse benefit determination occurs when BCBSAZ[1], as administrator of your health benefit plan ("plan"), makes any of the following decisions:

- Denies your request for precertification of a service you haven't yet received;
- Denies, reduces, or terminates your plan benefits;
- Fails to provide or pay for a benefit you think is covered under your plan;
- Finds you ineligible for a benefit under your plan;
- Finds you responsible for payment of cost share (copay, deductible, coinsurance, access fee, balance bill) for a plan benefit;
- Finds that a service is not medically necessary;
- Finds that a service is not covered because it is experimental or investigational;
- Determines that you are not eligible for coverage under the benefit plan; or

BCBSAZ may contract with independent third parties ("vendors") to administer some of your benefits. A vendor may also issue an adverse benefit determination. Your benefit plan booklet will provide contact information for any vendors that administer specific benefits under your plan.

## How will I know when you make one of these decisions?

We send you written notice in the form of an "Explanation of Benefits" (EOB) document, a monthly member health statement, or a letter. All of these documents include information about your right to appeal or grieve the decision.

## I disagree with how you processed my claim. What do I need to do?

Call us at the numbers listed below to explain your situation. Keep in mind; we have to follow the terms of your plan. We can't change the scope of your coverage or rewrite your cost share obligations. But, if we've made a mistake in how we administered your benefits, we want to fix it.

## How do I contact you?

Call BCBSAZ Customer Service Monday through Friday, 7:00 a.m. to 6:00 p.m. MST (except holidays).
You can reach us at:1-866-287-1980

If the Chiropractic Benefits Administrator issued your decision call –1-800-678-9133

[1]BCBSAZ also contracts with an independent third party to administer benefits for services by a chiropractor (the "CBA). The CBA may issue some of these decisions and may perform the review at one or more levels. References in this brochure to BCBSAZ will include the CBA when they are administering benefits for BCBSAZ.

## What if I still disagree with your decision after speaking with a representative?

You have the right to file an appeal or grievance, free of charge. Information regarding where to file an appeal or grievance is included on your Explanation of Benefits statement (EOB), your monthly health statement, or a denial letter. Additional contact information is listed in your benefit plan booklet. These resources identify if BCBSAZ or a vendor made the precertification decision or processed your claim. Whoever makes the decision or processes the claim usually handles your appeal or grievance as well.

The process available to you, and the steps in that process, varies, based on:

- Whether you are challenging a denial of an urgently needed service that you haven't yet received
- The type of decision you disagree with:
    - If we denied a claim or a precertification for a service, you have 180 days from the date of denial to request an appeal. (Refer to page 3)
    - If you disagree with how we paid the claim (i.e., copay, deductible, coinsurance, level of benefits, etc.), you have 180 days from the date of the notice to file a grievance. (When your dispute is about how we applied cost share, we call it a "grievance". (Refer to page 5)
- Whether you or your provider bears financial responsibility for the decision (BCBSAZ contracted providers are sometimes required to write off charges for certain services excluded from coverage under your benefit plan.)

## You denied precertification for a service that I need right away. What do I do?

We have an expedited appeal process for members who urgently need a service that has not yet been provided. A service is urgently needed when the time period for a standard appeal could seriously jeopardize a member's life, health, or ability to regain maximum function, or subject the member to severe pain that cannot be adequately managed without the requested service. If you have not yet received a service, and your treating provider certifies that your condition qualifies as urgent, BCBSAZ treats the appeal as urgent.

## Is there anyone who can help me with my appeal?

**BCBSAZ customer service representatives can answer questions about the appeal process and help you with filing an appeal. The BCBSAZ customer service number is 1-866-287-1980 (toll free).** Keep in mind that Arizona state insurance laws generally do not apply to self-funded group health plans. At the end of this brochure are forms that you may use for your appeal. You are not required to use these forms.

## What are the processes for appeals and grievances?

The following charts show the processes for both expedited and standard appeals and for grievances.

## APPEAL PROCESS FOR PRECERTIFICATION AND CLAIM DENIALS

*(For payment disputes see Member Grievances page 5)*

| Internal review by BCBSAZ (or BCBSAZ Contracted Vendor) | | |
|---|---|---|
| **Level 1 – Initial** | **Expedited Appeals** | **Standard Appeals** |
| If you disagree with a BCBSAZ decision, how long do you have to file an appeal? | 180 days, but if you wait a long time after we deny precertification for a requested service, it usually means that the appeal does not require expediting, and can follow the standard process. | 180 days from the date of the decision with which you disagree. |
| What do you need to send for an appeal? | You and your provider must send us any information that you want us to consider. Make sure to include at least the following information in your appeal request:<br>• The decision or action you disagree with,<br>• Why you think our original decision is wrong,<br>• What you are asking BCBSAZ to do differently, and<br>• Any medical records that support your request<br>No special form is required. At the end of this brochure, is an optional appeal form that you can use. | |
| | Your provider needs to certify that the appeal involves an urgent medical situation. At the end of this brochure is a certification form that your provider can use, but is not required to use. | |
| Where do you send your appeal? | You or your provider can fax, call or write to: | |
| For all appeals, except those related to services by a chiropractor, send to: | BCBSAZ Medical Appeals & Grievances Specialist<br>BCBSAZ Mail stop A116<br>P.O. Box 13466<br>Phoenix, AZ 85002-3466<br>Phone 602-544-4938 or 866-595-5998<br>Fax 602-544-5601 | |
| For services by a chiropractor | American Specialty Health Networks, Inc.<br>Attn: Appeals Coordinator<br>P.O. Box 509001<br>San Diego, CA 92150-9001<br>Telephone 800-678-9133<br>Fax 619-209-6237 | |
| **Level 1 Initial** | **Expedited Appeals** | **Standard Appeals** |
| Who will review your case? | Someone who was not involved in making the decision you are appealing, and who is not compensated, rewarded or promoted for upholding the original decision. For issues involving medical judgment, the review will include consultation with a health care professional who has appropriate training and experience in the field of medicine involved. | |
| How long does BCBSAZ have to notify you of its decision? | BCBSAZ notifies you by phone within 72 hours from the time of your request and by mail within three (3 calendar days) | BCBSAZ acknowledges receipt of your appeal within five (5) business days. For decisions related to precertification denials, we will send you a written decision within fifteen (15) days of receiving your request. For decisions related to claim denials for services already provided, we will send you a written decision within thirty (30) days of receiving your request. |
| What can you do if you still disagree with the decision? | You can request a second level of appeal. | |

| INTERNAL LEVEL 2 | | |
|---|---|---|
| **Internal Level 2** | **Expedited Appeals** | **Standard Appeals** |
| Amount of time you have to appeal to this Internal Level 2. | Sixty (60) days but if you wait a long time after the initial denial, it usually means that the appeal does not require expediting, and can follow the standard process. | Send a written request within 60 days after receiving the Level 1 denial. |
| Send all appeals, except those related to services by a chiropractor to: | BCBSAZ Medical Appeals & Grievances Coordinator<br>BCBSAZ Mail stop A116<br>P.O. Box 13466<br>Phoenix, AZ 85002-3466<br>Phone 602-544-4938 or 866-595-5998<br>Fax 602-544-5601 | |
| Send appeals for services by a chiropractor to: | American Specialty Health Networks, Inc.<br>Attn: Appeals Coordinator<br>P.O. Box 509001<br>San Diego, CA 92150-9001<br>Telephone 800-678-9133<br>Fax 619-209-6237 | |
| How long does BCBSAZ have to notify you of its decision? | BCBSAZ issues a decision within 3 business days. | BCBSAZ issues decisions related to precertification denials within fifteen (15) days of receiving your request, and decisions related to claim denials for services already provided within thirty (30) days of receiving your request. |
| What can you do if you still disagree with the decision? | You can request external independent review. External independent review is not available for denials based on lack of member eligibility or for payment disputes that do not involve questions of medical judgment. | |

| External Independent Review Process | | |
|---|---|---|
| **Appeals Submitted to IRO** | **Expedited Appeals** | **Standard Appeals** |
| Amount of time you have to appeal this to External Independent Review | Sixty (60) days but if you wait a long time after the second denial, it usually means that the appeal does not require expediting, and can follow the standard process. | Send a written request within 60 days after receiving the Level 2 denial. |
| Submission of additional information | The IRO will notify you that it has accepted your case. You have up to 10 business days to provide the IRO with more information that you want the IRO to consider. | |
| Other time periods | If you provide the IRO with new information, the IRO has 1 business day to send it to BCBSAZ. Based on the new information, BCBSAZ may decide to change its internal decision, and would notify you and the IRO of this change. | |
| Time period for IRO to issue a decision. | The IRO must issue a decision as quickly as possible in light of the medical circumstances, but no later than 72 hours after receiving the request for external review. If the IRO's decision is not issued in writing, the IRO has another 48 hours to provide written confirmation of the decision. | The IRO must issue a decision within 45 days after receiving the request for external review. |
| What happens after the IRO's decision? | If the IRO upholds BCBSAZ's decision, you may have other legal recourse to challenge BCBSAZ's decision in court. If the IRO reverses or modifies the decision in your favor, BCBSAZ must comply with the IRO's decision. | |

# MEMBER GRIEVANCE

Process to Dispute Decisions about Member Cost Share

*(For denial of a precertification or claim see Appeals page 3)*

| Step | Response Period |
|---|---|
| **Level 1 – Initial Review** | |
| Time period you have to file your grievance | 180 days from the date of the decision or action that you are grieving. BCBSAZ has discretion to extend this time limit for good cause (i.e. death in your immediate family or serious illness of you or someone in your immediate family.) |
| Time period for BCBSAZ to notify you of its decision | Pre-service issues: Within fifteen (15) days from the date BCBSAZ receives your grievance request.<br><br>Post-service claims: Within sixty (60) days from the date BCBSAZ receives your grievance request. |
| Where do you send your grievance? | Your provider can fax, call or write to BCBSAZ at: |
| For all grievances, except services by a chiropractor, send to: | BCBSAZ Medical Appeals & Grievances Department<br>BCBSAZ Mail stop A116<br>P.O. Box 13466<br>Phoenix, AZ 85002-3466<br>Phone 602-544-4938 or 866-595-5998<br>Fax 602-544-5601 |
| For services by a chiropractor send to: | American Specialty Health Networks, Inc.<br>Attn: Appeals Coordinator<br>P.O. Box 509001<br>San Diego, CA 92150-9001<br>Telephone 800-678-9133<br>Fax 619-209-6237 |
| **Level 2** | |
| Amount of time you have to submit your level 2 grievance if you are dissatisfied with the initial decision | Send a written request within 60 days after receiving the Level 1 decision. |
| Time period for BCBSAZ to notify you of its decision. | For most grievances, within 60 days from the date BCBSAZ receives your request to grieve to the voluntary level. If the grievance is pre-service, within 15 days from the date of your request. BCBSAZ may extend the time limit if necessary and in accordance with applicable law. BCBSAZ will notify you in writing of any extension and the reason for it. |
| What can you do if you still disagree with BCBSAZ's decision? | For issues about member cost share, that do not involve questions of medical judgment, no further review is available. You may have other legal recourse to challenge BCBSAZ's decision in court. |

## Can I have someone else file the appeal or grievance for me?

You can authorize someone else to file an appeal or grievance on your behalf. The individual you designate will be your "authorized representative." Once you designate someone as your authorized representative, that person has the right to make decisions about your case (for example, whether to seek review at a higher level, if available.) Also, BCBSAZ will send information about the progress of your case to the representative, with a copy to you.

For most plans, the following individuals are always authorized to appeal or grieve a decision and do not need any special authorization form:

- Your treating provider acting on your behalf; and
- A parent on behalf of a minor.

If your plan does require a special authorization for these individuals, we will let you know and make sure you have time to get the authorization. Also, the following individuals may appeal or grieve a decision for you, if you send BCBSAZ the required proof of authority:

| Designated representative | Required proof of authority |
|---|---|
| Member's legal guardian | Official copy of the court order appointing the guardian. |
| Your agent | Power of attorney that complies with A.R.S. § 14-5501 (or equivalent statute from other state) authorizing the agent to appeal or grieve a healthcare decision; or<br><br>Health care power of attorney that complies with A.R.S. § 36-3221 (or equivalent) and authorizes the agent to make health care treatment decisions for you. |
| Your surrogate | Someone who qualifies as a surrogate as defined by A.R.S. § 36-3231 (or equivalent statute from another state) and includes a written confirmation from a treating provider that the member is unable to make or communicate health care treatment decisions. |
| Executor or personal representative. | Official copies of the death certificate and court order appointing the executor or personal representative. |
| Court appointed representative (adult authorized by any other type of court order to make health care decisions for a member). | Official copy of the court order. |

## I already signed a privacy release form. Why do I have to sign another form to have someone represent me?

You cannot use a Confidential Information Release Form (CIRF) to designate an authorized representative. A CIRF allows us to send your protected health information to someone else, but it is not proof of their authority to act on your behalf.

If BCBSAZ receives an appeal or grievance request from a third party who claims to be your authorized representative, including those situations shown above, BCBSAZ may require you to confirm directly to us in writing the scope of any authority the third party may have. In that case, we will not recognize the third party's authority until we receive your confirmation.

## How can I get medical records to send them to you?

Under Arizona law (A.R.S. §12-2293), you can ask for a copy of your medical records. Your request must be in writing and must specify who you want to receive the records. The health care provider who has your records will provide you or your authorized representative with a copy of your records. If you have to obtain medical records from your provider, your provider has the right to charge for copies of records, so you may have to pay for those copies.

If you have a designated health care decision-maker, that person must send a written request for access to copies of your medical records. The medical records must be provided to your health care decision-maker or a person designated in writing by your health care decision-maker, unless you limit access to your medical records only to yourself or your health care decision-maker.

If you reside outside the state of Arizona, the laws that govern medical records and providers in your state may vary.

## I am worried about sharing my medical information with so many people. Will my records be kept confidential?

If you participate in the appeal or grievance process, the relevant portions of your medical records may be disclosed only to people authorized to participate in the review process for the medical condition under review. These people may not disclose your medical information to others.

## If I still disagree with the final decision, is there anything else I can do?

There is no further review available under the appeals or grievance process. However you may have other remedies available under State or Federal law, such as rights to challenge the decision in court. You may be able to obtain information about what is available from your group benefits administrator.

## Can I file a complaint with the Arizona Department of Insurance and Financial Institution (AZ DIFI)?

If you are in a self-funded plan, the Arizona Department of Insurance does not have regulatory authority over your appeal or complaint about the plan.

## Receipt of Documents

Any written notice, acknowledgment, request, decision or other written document required to be mailed is deemed received by the person to whom the document is properly addressed on the fifth business day after being mailed. "Properly addressed" means your last known address.

**Para obtener asistencia en Español, llame al 602 864-4884 or 1-800 232-2345 ext. 4884.**
**Kung kailangan niyo ang tulong sa Tagalog tumawag sa 1-877- 475-4799.**
**如果需要中文的帮助，请拨打这个号码 1-877-475-4799.**
**Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-877-475-4799.**

# Appeal/Grievance Request Form for State of Arizona Members

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

***You may use this form to tell BCBSAZ you want to appeal or grieve a decision.***

Member Name _____ Member ID# _____

Name of representative pursuing appeal, if different from above _____

Mailing Address _____

Phone # _____

City _____ State _____ Zip Code _____

Type of Appeal/Grievance ☐ Denied Claim ☐ Denied Service Not Yet Received ☐ Cost Share Dispute

Claim # (if applicable) _____ Date of Service _____

If you are appealing BCBSAZ's decision to deny a service you have not yet received, could a 15 to 30 day delay in receiving the service likely seriously jeopardize your life or health or your ability to regain maximum function, or subject you to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request? If your answer is "Yes," you may be entitled to an expedited appeal. Your treating provider can send us the attached certification and documentation supporting the need for an expedited appeal.

What action or decision are you disputing? _____

Explain why you believe the decision or action was wrong and what you want BCBSAZ to do differently:

_____

_____

_____

(Attach additional sheets of paper, if needed.)

If you have questions about the appeals or grievance process or need help to prepare your request, you may call BCBSAZ at: **1-866-287-1980**.

Blue Cross Blue Shield of Arizona
Medical Appeals and Grievances Department
P.O. Box 13466, Mail Stop A116
Phoenix, AZ 85002-3466
Phone 602-544-4938 or 866-595-5998
Fax 602-544-5601
Email: appeals@azblue.com

Make sure to attach everything that shows why you believe BCBSAZ should process your claim differently or authorize a service, including: ☐ Medical records ☐ Supporting documentation (letter from your doctor, brochures, notes, receipts, etc.) **You may also attach the certification from your treating provider if you are seeking expedited review.

Signature of member or authorized representative _____ Date _____

# Provider Certification Form for Expedited Appeal

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

***You may use this form to explain the need for an urgent appeal, but you are not required to use it.***

**Is the appeal for a service that the patient has already received?** ☐ Yes ☐ No

If "Yes," the patient must pursue the standard appeals process and cannot use the expedited appeals process.
If "No," continue with this form.

**Provider Information**

Treating Physician/Provider _____

Phone # _____ Fax # _____

Address _____

City _____ State _____ Zip Code _____

**Patient Information**

Member Name _____ Member ID # _____

Phone # _____ Fax # _____

Address _____

City _____ State _____ Zip Code _____

What service denial is the patient appealing? _____

_____

_____

Explain why you believe the patient needs the requested service and why the time for the standard appeal process will harm the patient. _____

_____

_____

Fax this form with any supporting documentation and medical records to

BCBSAZ at Fax **602-544-5601**

I certify, as the patient's treating provider, that delaying the patient's requested service for the time periods applicable to the standard appeal process is likely to seriously jeopardize the patient's life, health or ability to regain maximum function, or subject the patient to severe pain that cannot be adequately managed without the requested service.

Provider's Signature_____ Date _____

If you have questions about the appeals process or need help to prepare your Appeal, you may call BCBSAZ at 1-866-287-1980.


An Independent Licensee of the Blue Cross Blue Shield Association

19784 0620

654158-20