

## **INDIANA ENROLLEE GRIEVANCE & APPEAL PROCESS**

### **Internal Grievances/Complaints**

You, Your Authorized Representative or Your Provider acting on Your behalf may initiate and represent You in a Grievance. If a Provider files a Grievance with Us on Your behalf, the Provider will be deemed to be Your representative and correspondence concerning the Grievance will be sent to both You and the Provider. In all other situations in which a representative requests a Grievance on Your behalf, We must obtain a signed Authorization form from You before We can discuss Your Grievance directly with Your representative. We will forward an Authorization form to You for completion. If We do not obtain a signed Authorization form We will continue to research Your Grievance but will respond only to You unless a signed Authorization form is received. This is to protect Your privacy.

We will accept oral or written comments, documents or other information relating to the Grievance from the Enrollee or the Enrollee's Provider by telephone, facsimile or via U.S. Mail. Enrollees are entitled to receive, upon request and free of charge, reasonable access to, and copies of, documents, records, and other information relevant to the Enrollee's appeal.

To obtain information regarding Our Grievance procedures or to file a Grievance orally with Us, please contact our Customer Service Department toll free at (800) 787-2680 or (859) 269-4475. A Plan representative who is knowledgeable about Our Grievance procedures and any applicable state laws and regulations will be available to assist You during normal business hours (Monday – Friday, between 8 am and 6 pm Eastern Time excluding holidays).

You can also contact Our Customer Service at the telephone numbers listed above at any time to leave a voice mail message concerning a Grievance. Any message You leave through this toll-free number will be returned on the following business day by a qualified Plan representative.

We will also accept Grievances in writing and by facsimile communication. If You wish to file Your Grievance in writing, mail it to: Bluegrass Family Health, Inc., 651 Perimeter Drive, Suite 300 Lexington, KY 40517, ATTN: Grievance/Appeals Coordinator. Our facsimile number is (859) 335-3720 if You wish to file Your Grievance by fax.

Upon Our receipt of Your written or oral Grievance at the above address or telephone number, an acknowledgement will be sent to You within three (3) business days notifying You that You will receive a written response to the Grievance once an investigation into the matter is complete. Our acknowledgement may be oral for those Grievances We receive orally. For Expedited Grievances, we will provide a determination within seventy-two (72) hours of our receipt of the Grievance. All Non-expedited Grievances will be resolved by Us within a reasonable period of time appropriate to the medical circumstances but not later than twenty (20) business days after they are filed. A Grievance is considered filed on the day it is received either in writing or over the telephone at the above address or telephone number.

If Your Grievance cannot be resolved within twenty (20) business days due to circumstances beyond Our control such as Our need for additional information, You will be notified in writing of a ten (10) business day extension. This notice for an extension will be sent to You on or before the 19<sup>th</sup> business day. In the event of the notice of extension, We will resolve the Grievance within thirty (30) business days from the date You filed the Grievance. If the requested information has not been received, We will make a determination based on the information in Our possession.

Within five (5) business days after the Grievance is resolved, We will send a letter to You notifying You of the decision reached.

### **Internal Appeal of Grievance Resolution**

If Our decision under the Grievance process is satisfactory to You, the matter is concluded. If You are dissatisfied with Our decision, You, Your Authorized Representative or Your Provider acting on Your behalf may initiate an Appeal by contacting the BFH Appeals/Grievance Coordinator either in writing or by telephone at the above address and telephone numbers.

An acknowledgement orally or in writing will be provided to You within three (3) business days of Our receipt of Your Appeal request. Upon Our receipt of Your Appeal, We will appoint a qualified Panel to investigate and resolve the Appeal. You or Your Authorized Representative may appear in person or by telephone conference to communicate with the Appeal Panel regarding Your Appeal, if desired. You or Your Authorized Representative may also submit oral or written comments, documents or other information relating to the Appeal by mail, facsimile or other reasonable means, for consideration by the Appeals Panel whether or not You choose to appear in person or by telephone. Your Appeal will be investigated and resolved by the Appeal Panel as expeditiously as possible and with due regard to the clinical urgency of the Appeal, but in no event, later than thirty (30) days from the date Your Appeal was received by Us. After the Appeal Panel makes a decision, You will be notified within two (2) business days in writing by Us of the decision concerning Your Appeal including the reasons, policies, or procedures upon which the decision is based, Your right to further remedies allowed by law, and who to contact for further information about the decision or right to further appeal.

### **Grievance and Internal Appeal Filing Time Limit**

We expect that You will use good faith to file a Grievance or an Internal Appeal from a Grievance determination on a timely basis. However, We will not review a Grievance if it is received by Us more than forty-five (45) days following either the incident leading to the Grievance or Your receipt of notice of denial of benefits. We will accept Internal Appeals from a Grievance determination if filed within sixty (60) days from the date You receive notice of the determination concerning Your Grievance.

### **External Appeal**

If Our decision under the appeals process is not satisfactory to You, You may request an External Appeal if the following requirements apply:

- A. Your appeal is regarding:
  1. an adverse utilization review determination; or
  2. an adverse determination of Medical Necessity; or
  3. a determination that a proposed service is Experimental/Investigational made by Us or an agent of Ours regarding a service proposed by the treating Physician; and
- B. You or Your Authorized Representative request the External Appeal in writing within forty-five (45) days after You are notified of the Appeal Department's decision concerning Your Appeal; and
- C. The service is not specifically excluded in this Certificate.

If an External Appeal is requested, We will forward the request along with all relevant information to an Independent Review Organization (IRO) certified by the Indiana State Department of Insurance. The IRO will assign Your Appeal to a medical review professional who is board certified in the applicable specialty for resolution of the Appeal. We will promptly provide any information We have regarding Your Appeal that is requested by the IRO for the review. You may be charged a fee of up to twenty-five dollars (\$25.00) for the cost of the IRO's service.

If the subject of the External Appeal relates to an illness, disease, condition, injury, or disability that would seriously jeopardize Your life or health, or Your ability to reach and maintain maximum function, Your Appeal will be expedited for review by the IRO, and the IRO will make a determination to uphold or reverse Our appeal decision within seventy-two (72) hours of the Appeal being filed, and notify You and Us of the determination within twenty-four (24) hours. Otherwise, the IRO will make a determination within fifteen (15) business days and notify You and Us of its determination within seventy-two (72) hours. If the IRO's determination is to reverse Our appeals decision, We will notify You or Your Provider in writing of the steps We will be taking to comply with the determination.

If You choose to file an External Appeal under the procedures described above, You will not be subject to any retaliation for exercising Your right to an Appeal. You may utilize the assistance of other individuals, including physicians, attorneys, friends, and family members during the Appeal process, and may submit additional information relating to the proposed service throughout the review process. You will be required to cooperate with the IRO by providing any medical information the IRO requests, or by authorizing the release of necessary medical information to the IRO.

## Reconsideration of Internal Appeal Decision

If at any time during an External Appeal, You submit information to Us that is relevant to the decision We made regarding Your Internal Appeal and was not considered by Us in making that decision, We will reconsider the decision including the information You have submitted, and the IRO will cease its review of Your External Appeal until We complete Our reconsideration. If the subject of the reconsideration is related to an illness, disease, condition, injury, or disability that would seriously jeopardize Your life or health, or ability to reach and maintain maximum function, we will expedite reconsideration, and notify You of Our decision within seventy-two (72) hours following our receipt of the information submitted for reconsideration. Otherwise, You will be notified of Our decision upon reconsideration within fifteen (15) days. If Our decision upon reconsideration is adverse to You, You may request the IRO to resume review of Your External Appeal.

## Department of Insurance

If You encounter a problem with Us, You have the right to contact the Indiana Department of Insurance, 311 W. Washington St., Suite 300, Indianapolis, IN 46204 (317) 232-2385.

## Legal Action

You may not take legal action against Us to receive benefits:

- Earlier than sixty (60) days after We receive the claim; or
- Later than three (3) years after the date the claim is required to be filed with Us.

You must first exhaust all administrative remedies available to You through the Enrollee Grievances and Appeals Process described above before filing a lawsuit or seeking other legal remedies against Us.