

Medical appeals — status updates

Background: A medical appeal is any appeal regarding utilization management determination that resulted in a denial, limitation, or termination of healthcare services. This decision could have been made by a health plan medical director or a claim payment decision where the member may have liability. It is a clear expression by the member or the member's authorized representative following a decision made by the health plan that the member wants the decision reconsidered or reviewed.

Verbal appeal process

Healthy Blue accepts verbal appeals. Verbal appeals may be initiated by members or providers with member's written consent. Once a verbal appeal is received, Healthy Blue will:

- Notify the member verbally that a written confirmation is required for the appeal process to continue.
- Inform the member that they will receive a notice of written confirmation of the appeal.
- Send a notice to the member acknowledging the oral appeal request was received and a written confirmation is required unless the appeal request was for an expedited review.
- Provide a form for the member to sign and send back, as well as the options available for receipt of the written confirmation (fax, email, regular postal mail).
- The member has 15 days from the date of the notice to send their written confirmation unless the appeal request was for an expedited review.

Obtaining status updates on appeals

To obtain a status update on an appeal, please contact Member Services or Provider Services, as appropriate:

- **Member Services:** 844-521-6941 (for members)
- **Provider Services:** 844-521-6942 (for providers)

Call center representatives are trained and able to assist in researching appeals statuses and providing updates to members and providers.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **844-521-6942**.