



Important Information about Your Health Benefits Claims Review and Appeal Rights

Under the Patient Protection and Affordable Care Act (PPACA) of 2010, the claims appeals process has changed. Effective July 1, 2011, the following process is in place. Please read this notice carefully.

Internal Appeals: If a healthcare claim you will be incurring or have incurred has been denied, you may contact your insurance carrier using the contact information on your Explanation of Benefits (EOB) form or on the back of your insurance identification card for information on filing an internal appeal. This must be done within 180 days (6 months) from the date the claim was denied. If your insurance carrier upholds the denial, you have the right to request an external review (external appeal) of the denial by the Maryland Insurance Administration.

External Appeals: For a claim denied because the service was considered not medically necessary, medically inappropriate or is considered cosmetic or experimental or investigational, you, your representative or a healthcare provider acting on your behalf, may be entitled to request an independent, external review within 120 days (4 months) from the date the claim was denied. If you request an external review, the Maryland Insurance Administration (MIA) will review and provide a final, written determination. If MIA decides to overturn the insurance carrier's decision, we will instruct the insurance carrier to provide coverage or payment for your healthcare item or service. For questions on your rights to external review contact:

Maryland Insurance Administration
Attn: Appeals and Grievance Unit
200 St. Paul Place, Suite 2700
Baltimore, Maryland 21202
Telephone: (410) 468-2000
Toll-free: 1-800-492-6116
Facsimile: (410) 468-2270
TTY: 1-800-735-2258

If a claim is denied because the service was not a covered service and is not eligible for an independent, external review, but you still disagree with the denial, you may contact the Employee Benefits Division for additional review at the following:

Employee Benefits Division
Attn: Adverse Determinations
301 West Preston Street, Room 510
Baltimore, MD 21201
Telephone: (410) 767-4775
Toll-free: 1-800-307-8283
Facsimile: (410) 333-7104

Urgent Care Request: If your situation meets the definition of urgent care under the law, a review of your claim will be conducted as expeditiously as possible. An urgent care situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on the external review of your claim. If you believe your situation is urgent, you may request an expedited review process by contacting your plan at the phone number listed on the back of your insurance identification card, or you may contact the Maryland Insurance Administration (see above).

Assistance resources: For questions about your rights or for assistance in filing an appeal, you can contact:

Office of Health Insurance Consumer Assistance
Maryland Office of Attorney General
Health Education and Advocacy Unit
200 St Paul Place, 16th Floor
Baltimore, MD 21202
Telephone: (877) 261-8807
<http://www.oag.state.md.us/Consumer/HEAU.htm>
heau@oag.state.md.us

OR

Employee Benefits Security Administration
1-866-444-3272