

A few reminders regarding the Medical Necessity Appeals process...

Enrollees/providers may file an appeal – in writing or by phone.

- A board-certified physician will review first level medical necessity appeals.
- Second level appeals, if appropriate, will be reviewed by the Corporate Grievance Committee
- You have the right to submit your written perspective of the situation or to appear in person at the meeting of the Corporate Grievance Committee, if appropriate. You also have the right to be assisted or represented by a person of your choice.
- In some circumstances, after you have completed two levels of medical necessity review and have received an adverse determination, you may have the right to request an external independent review that will be binding.
- All appeal decisions will be communicated to you, in writing.

For state or plan specific appeal information please call the Appeals Department at 1-800-228-0286.