

Your Complaint and Appeal Rights FAQ

Overview

You can make complaints about:

- the care or service we provide
- the quality or availability of a healthcare service
- the care or service you get from any provider in our network

You also have the right to appeal any action we take or decision we make about your coverage.

What if I need help understanding a denial?	Check your member booklet or benefits summary to understand what your plan does or does not cover. You can learn more about explanation of benefit notices or medical necessity on our website. If you still have questions, call Customer Service at 1-800-508-4722.
What if I don't agree with a decision my health plan makes?	You have the right to appeal such a decision within 60 days of the date you get notice of our decision. Depending on your plan, you may have more than 60 days to file your appeal. Please refer to your member booklet.
How do I make a complaint?	Call Customer Service at 1-800-508-4722. The complaint process allows Customer Service to quickly and informally correct errors, clarify benefits or take steps to improve our service. Customer Service may ask you to send your complaint for review through the formal internal appeals process outlined below.
How do I file an appeal?	Use our Member Appeal form , or send a letter to: Premera Blue Cross Blue Shield of Alaska Attn: Member Appeals P.O. Box 91102 Seattle, WA 98111-9202 Or fax our Appeals Department at 425-918-5592.
What if my situation is urgent?	If your provider thinks a delay will harm your health, we will speed up your review.

Who may file an appeal?	You, or someone you choose to act for you, may file an appeal. Complete the appeals authorization section on the Member Appeal form if you want to have someone act for you.
Can I offer more information about my appeal?	Yes, you may send us more information with your appeal submission.
Can I ask for copies of information related to my appeal?	Yes, you may ask for copies by contacting us at: Premera Blue Cross Blue Shield of Alaska Attn: Member Appeals P.O. Box 91102 Seattle, WA 98111-9202 Or fax our Appeals Department at 425-918-5592. There is no cost for these copies.
What happens next?	If you file an appeal, we will review our decision and send you a written response. If we continue to deny the payment, coverage or service request, we will send you information about further appeal rights, including those about independent review.
External (Independent Review) Rights	We have denied your request for the provision of, or payment for, a health care service or course of treatment. You or your authorized representative may have the right to request an external review of our decision if our decision on your health care service or treatment involved making a judgement on the following: <ul style="list-style-type: none"> • Medical Necessity • Appropriateness • Health care setting • Level of care • Effectiveness of the health care service or treatment you requested If you want to request an external review of our decision after completing your first level of appeal, you must send it to the Alaska Division of Insurance . Your request must be received no later than 180 days from the date of the first level of appeal determination letter. The review is done by professionals not associated with Premera. They are an Independent Review Organization (IRO). This is done at no cost to you. You can request an expedited review if the time spent reviewing our decision could jeopardize your life or health. You must include

	<p>a note from your provider showing the need for the urgent review to send with your request to Alaska Division of Insurance. Please see the enclosed document, External Review Process, for more information on how to submit your request. All requests can be submitted by mail or personal delivery at the Alaska Division of Insurance, 550 West 7th Avenue, Anchorage, AK. 99501-3567, by electronic mail to insurance@alaska.gov, or by faxing 907-269-7910.</p>
Resources to help you	<p>If you have questions about a denial of a claim or your appeal rights, contact Premera Customer Service for help at 1-800-508-4722.</p> <p>You may also get help from the Alaska Division of Insurance.</p> <p>Alaska Division of Insurance 550 W 7th Avenue, Suite 1560 Anchorage, AK 99501-3567 Phone: 907-269-7900 Phone (in-state, outside Anchorage): 800-INSURAK (467-8725) Online: https://www.commerce.alaska.gov/web/ins/ Email: insurance@alaska.gov</p> <p>If your plan is governed by the Federal Employee Retirement Income Security Act of 1974 (ERISA), you can also contact the Employee Benefits Security Administration (EBSA) of the U.S. Department of Labor at 1-866-444-3272. You may also have the right to bring an action under Section 502(a) of ERISA as specified by the contract. Additionally, you may have the right to bring a civil lawsuit in superior court within three years.</p>

Notice of availability and nondiscrimination 800-508-4722 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Vala'au mo auaunaga tau fesoasoani mo gagana e leai ni totogi ma fesoasoani fa'aopo'opo talafeagai ma auaunaga.

ໃຫຍ່ອຮັບການບໍລິການຈຸ່ວຍເຫຼືອດ້ານພາສາ ດະວີ ການບໍລິການ ດະວີ ການຈຸ່ວຍເຫຼືອຟິເສດທີ່ເຫັນຈະສົມເປັບປຸ່ງເລື່ອ.

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

Звертайтесь за безкоштовною мовною підтримкою та відповідними додатковими послугами.

تید توخوب ریگارچایه لیو دیان پاشرافری او مکارم چایه لیو و لایه بریگارهین ۷ پېمەتىم

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمکها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.