



Wellmark Blue Cross Blue Shield of Iowa  
Wellmark Health Plan of Iowa, Inc.

Independent Licensees of the Blue Cross and  
Blue Shield Association

## **NOTICE: IMPORTANT INFORMATION REGARDING HOW TO APPEAL AN ADVERSE BENEFIT DETERMINATION**

**Right to Appeal:** If you disagree with our decision to deny or partially deny your request for an authorization of benefits, you are entitled to a full and fair review by individuals associated with us, but not involved in making the initial decision. You may provide us with additional information that relates to your claim and you may request or receive copies of information that we have that pertains to your claim. You or your authorized or personal representative may file an appeal by submitting a WRITTEN request for review within 180 days of the DATE OF THIS NOTICE.

If you wish to authorize another person to represent you in this appeal, and with whom you want us to communicate, we require your authorization in writing.

You or your authorized representative may appeal this decision by submitting a written request for an appeal. You may obtain an **Appeal Form** or a **Personal Representative Appointment and Authorization to Release Protected Health Information** form by accessing the Member Corner / Forms at Wellmark's Web site [www.wellmark.com](http://www.wellmark.com). Answers to questions about the appeal process or assistance in accessing the forms can be obtained by reviewing the information on the Wellmark Web site or by calling the Customer Service number on your Wellmark Blue Cross and Blue Shield identification card.

Your written appeal request should include:

1. Date of your request;
2. Your printed name and address (if you designated one, the name and address of your authorized representative);
3. Your Wellmark identification number (from your Wellmark identification card);
4. Any information or documents to support your appeal request; and
5. Your signature.

Send your appeal request with all supporting information to:

Wellmark Blue Cross and Blue Shield  
Special Inquiries, Station 5W189  
PO Box 9232  
Des Moines, IA 50306-9232  
Fax: (515) 376-9073

We will review our decision and provide you with a written reply.

**Medically Urgent Appeals:** For appeals involving a medically urgent situation, you may request an expedited appeal, either orally or in writing. The telephone number for urgent appeals is **800-524-9242**. Medically urgent generally means a situation in which your health may be in serious jeopardy or, in the opinion of your physician; you may experience severe pain that cannot be adequately controlled while you wait for a decision.

**External Review:** If we continue to deny the claim after review or if you do not receive a decision within 30 days, and our decision involved the medical necessity, appropriateness,

health care setting, level of care, or effectiveness of health care service, or our decision was based on a determination that the service is investigational or experimental, you may have a right to have our decision reviewed by independent health care professionals who have no association with us. You must first exhaust the internal appeal described above. If you have a medical condition that would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function if treatment is delayed, you may be entitled to request an expedited external review without exhausting the internal appeal. If our denial to provide or pay for a health care service or a course of treatment is based on the determination that the service or treatment is experimental or investigational and if your treating physician certifies in writing that delaying the service or treatment would render it significantly less effective, you may also have the right to request an expedited external review. External review may be requested from the Iowa Insurance Division, 515-281-6348. External review is not available to all members or in all cases. Self-funded group health plans may use a different external review process.

For additional information or to determine if these review rights apply to your plan, please refer to your benefits plan document or contact us at the Customer Service number shown on your identification card.

**Other Resources:** If you need help in understanding this notice, the appeal process, or our decision or if you need information regarding the diagnosis or treatment codes and their meanings, you may contact Customer Service at the telephone number on your identification card. For assistance in understanding your appeal rights, you can also contact the Employee Benefits Security Administration at (866) 444-EBSA (3272) or the Iowa Consumer Advocate Bureau, 330 Maple St., Des Moines, IA 50319, (877) 955-1212. If the decision on review is an adverse benefit determination and if you have employer group coverage subject to the Employee Retirement Income Security Act of 1974 (ERISA), you have the right to bring a civil action under Section 502(a) of ERISA.

**Assistance in Other Languages:**

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如需获得中文帮助，请拨打 ID 卡上所示的客户服务号码联系我们。

Para obtener asistencia en español, por favor póngase en contacto con el servicio al cliente en el número que se encuentra en la espalda de la tarjeta de identificación.