

# Filing a grievance or appeal

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## Grievances

A grievance is any complaint about Anthem or your health care provider that is not related to a denial, limitation, reduction, or delay in your benefits. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the member's rights.

Grievance examples also includes a member's right to dispute an extension of time proposed by Anthem to make an authorization decision.

We would like to know if you ever have a grievance about your care. You or your authorized representative may file a grievance verbally or in writing at any time about any matter other than an adverse benefit determination.

**Please call Anthem's Member Advocate at 1-262-523-2424, email [WIAnthemMedicaidMemberAdvocates@anthem.com](mailto:WIAnthemMedicaidMemberAdvocates@anthem.com) or write to us at the following address if you have a grievance:**

Central Appeals Processing  
Anthem Blue Cross and Blue Shield  
P.O. Box 62429  
Virginia Beach, VA 23466-2429

After we get your grievance:

- We'll send you a letter within 10 calendar days to let you know we received it.
- We'll send you a letter with the answer to your grievance within 30 calendar days from when we get your grievance.
- You may ask for an extension, or we may ask for an extension by 14 calendar days if:
  - More information is needed to resolve your grievance and
  - It is in your best interest.

If you disagree with how we resolve your grievance, you can submit another grievance to the Managed Care Ombuds at the phone number or address provided below.

If you want to talk to someone outside of Anthem about the problem, call the HMO Enrollment Specialist at 1-800-291-2002. The HMO Enrollment Specialist may be able to help you solve the problem or write a formal grievance to Anthem or to the BadgerCare Plus and Medicaid SSI programs. If you are enrolled in a Medicaid SSI program, you can also call the SSI External Advocate at 1-800-708-3034 for help with grievances.

The address to file a complaint with the BadgerCare Plus and Medicaid SSI programs, is:

BadgerCare Plus and Medicaid SSI

Managed Care Ombuds  
P.O. Box 6470  
Madison, WI 53716-0470  
Phone: 1-800-760-0001

## Appeals

An appeal is when you ask BadgerCare Plus to review an adverse benefit determination decision we made to deny or reduce care or services. This includes things like:

- Telling you we won't pay for treatment or services.
- Paying for less or fewer treatments or services.
- Ending treatments or services early.

If we deny, reduce or end services, you'll get a letter from us. The letter will:

- Explain why we will not pay for care or services your provider asked for.
- Give you instructions on your right to appeal this decision.

### Who can file an appeal?

You can file an appeal, or someone else can help you with the appeal process:

- Your parent or legal guardian
- An attorney or another person on your behalf and with your written consent
- The service provider who is the focus of the denial (adverse decision) or their attorney or approved representative

### How do I file an appeal?

An appeal must be filed within 60 calendar days from the date on our first letter that notifies you that services are being denied, limited, reduced, delayed or stopped. You have two options for filing an appeal. You can 1) file a written appeal in which we will send you a response within 30 days, or 2) you can request an Anthem Grievance and Appeal Committee Review.

If you need help writing a request for an appeal, please call the Anthem Member Advocate at 1-262-523-2424, the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001 or the HMO Enrollment Specialist at 1-800-291-2002. If you're enrolled in a Medicaid SSI program, you can also call the SSI External Advocate at 1-800-708-3034 for help with your appeal.

**If you would like to file a written appeal** please call the **Anthem Member Advocate** at **1-262-523-2424**, or mail a letter to:

Central Appeals Processing  
Anthem Blue Cross and Blue Shield  
P.O. Box 62429  
Virginia Beach, VA 23466-2429

You'll need to tell us:

- The name and contact information of doctor who wants to give or gave the service
- The type of service you want or had

- Why you want or had the service
- The date you had or want to have the service
- Why you are asking for an appeal

**If you would like to request an Anthem Grievance and Appeal Committee review**, please call the Anthem Member Advocate at 1-262-523-2424, and we will schedule a meeting. You must also follow up in writing if you are requesting a committee review.

We will send you a letter to let you know of the time and place at least seven calendar days before the committee meeting. Following the meeting, the Committee will review the findings and send you and your doctor our decision in writing within 30 calendar days from the date you filed your appeal.

You may call in to this meeting, but you have the right to appear in person if you choose. You have the right to be represented at the hearing by anyone you choose, including an attorney. You may also bring a friend or family member. You may bring new written comments, documents, witnesses or other information relevant to the appeal meeting.

You have the right to a free copy of all documents, records and other information related to this decision. This includes medical information needed, and any processes, policies or standards used in making the decision. You have a right to this information whether or not you file an appeal. If you do file an appeal, you also have the right to a free copy of any new or additional information Anthem gathers during your appeal.

If the Anthem Grievance and Appeal Committee decides against your appeal OR if we do not come to a decision within 30 days of receiving your appeal, you will have the option to file for a state fair hearing with the Wisconsin Division of Hearing and Appeals. If the Anthem Grievance and Appeal Committee decides against your appeal, you will receive a decision letter with more information on how to file for a state fair hearing. **You must finish your appeal with Anthem before filing for a state fair hearing.**

For members who do not speak English, we offer free oral interpretation services for all languages. If you need these services, call the Anthem Member Advocate at the number above. Let us know if you want someone else to help you with the appeal process, such as a family member, friend or provider.

If you call to file an appeal, unless you ask for an expedited (fast) review, you must follow up with a written, signed appeal within 10 calendar days of the date of the verbal appeal request by:

- Filling out the Written Appeal Form.
- Mailing your Written Appeal Form to:  
     Central Appeals Processing  
     Anthem Blue Cross and Blue Shield  
     P.O. Box 62429  
     Virginia Beach, VA 23466-2429
- Sending comments, documents or any other information to help with this review. This can come from you or the person you choose to represent you.

## **What happens after I file an appeal?**

When we get your appeal form, we'll send you a letter within 10 calendar days to let you know we got your appeal request, unless you asked for an expedited appeal. If you requested a Committee review, we will send you a letter to let you know of the time and place at least seven calendar days before the committee meeting.

After we get your appeal:

- A doctor different than the one who made the first decision will review your appeal.
- We'll send you and the person who filed the appeal, if someone filed on your behalf, a letter with the answer to your appeal:
  - Within 72 hours if your appeal is expedited (see **Asking for a fast appeal**).
  - Within 30 calendar days from when we get your appeal if your appeal is a standard appeal.
- You may ask for an extension for standard or expedited appeals. Or we may ask for an extension of up to 14 calendar days if we need more details and it's in your best interest. If we extend the appeal process, we will:
  - Call you by close of business on the day we make the decision.
  - Send you a letter within two calendar days from when we make the decision to let you know:
    - The reason and time frame for resolution.
    - Why we feel the extension is in your best interest.
    - You have the right to file a grievance if you disagree with the extension.

Our resolution letter will tell you, or the person who filed the appeal, if someone filed on your behalf:

- Describe your appeal.
- Tell you who reviewed your appeal.
- Tell you our final decision on your appeal.
- Tell you how to ask for a state fair hearing.
- Tell you how to file a grievance with the state ombudsman

## **Asking for more time**

Anthem will always try to make a decision on your appeal within 30 calendar days of getting it. However, it may take more time to complete the appeal. If you need more time to complete the appeal, you can ask us for a 14 day extension. If more time is needed to collect all the information that is needed to make a decision, BadgerCare Plus will send you a letter and attempt to call you to let you know the decision deadline has been extended. The appeal decision deadline may be extended up to 14 days beyond the original 30 day deadline.

## **Asking for a fast appeal**

You can ask for a faster decision on your appeal if you or your doctor think that waiting 30 calendar days could seriously harm your health or ability to perform your daily activities. This is called an "expedited" or fast appeal. If we agree that you need a fast appeal, you will get a decision within 72 hours. If we decide you do not need a fast appeal, you will get a letter letting

you know why the request was denied, and your appeal will be decided within 30 calendar days.

If we decide waiting up to 30 calendar days to make a decision will not harm your health, then we will call you and your doctor and send you and your doctor a letter within two calendar days. The call and the letter will let you know we will make a decision on your appeal as quickly as we can within 30 calendar days from when we received your request.

To ask for a fast appeal, call 1-855-690-7800 (TTY 711).

## **Continuing your services during an appeal**

You have the right to request that your health care services continue until a decision on your appeal has been made. If you want to keep your services during your appeal, you can call the Anthem Member Advocate at 1-262-523-2424 or send in a written request to:

Central Appeals Processing  
Anthem Blue Cross and Blue Shield  
P.O. Box 62429  
Virginia Beach, VA 23466-2429

To continue your services, this request must be made within 10 calendar days from the mailing date or the intended effective date of the action, whichever is later.

You may ask to continue your care while we review your appeal when you meet all these criteria:

- You ask for the appeal within 10 calendar days from the date we told you we would not pay for services or treatment or before the date of action will take place, whichever is later.
- The appeal involves the end, halt or reduction of a previously authorized treatment or service.
- The services were ordered by an approved provider.
- You are still covered after we gave our first approval.
- You asked to extend your benefits.

We may agree to let you keep your benefits while we review your appeal. If we do, your benefits will be in effect until one of these events happens:

- You stop your appeal request.
- Ten calendar days have passed after we sent you a Notice of Action letter with our decision to uphold the first denial (unless you asked for a state fair hearing within the 10 calendar day period).
- A State Fair Hearing Officer agrees with our decision and upholds the denial.
- The time frame of an approved service has been met.

If Anthem's Grievance and Appeal Committee decides against your appeal, you may need to repay the cost of the services you received while your appeal was being processed.

### **What happens if I don't agree with your appeal decision?**

If you disagree with our decision about your appeal, you may request a fair hearing with the Wisconsin Division of Hearing and Appeals. The request for a fair hearing must be made no more than 90 calendar days after Anthem makes a decision about your appeal.

If you want a fair hearing, send a written request to:

Department of Administration  
Division of Hearings and Appeals  
P.O. Box 7875  
Madison, WI 53707-7875

The hearing will be held with an administrative law judge in the county where you live. You have the right to be represented at the hearing, and you can bring a friend for support. If you need a special arrangement for a disability or for language translation, please call 1-608-266-3096 (voice) or 1-608-264-9853 (hearing impaired).

If you need help writing a request for a fair hearing, please call either the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001 or the HMO Enrollment Specialist at 1-800-291-2002. If you are enrolled in a Medicaid SSI program, you can also call the SSI External Advocate at 1-800-708-3034 for help.

You will not be treated differently from other members because you request a fair hearing. Your health care benefits will not be affected.

You may request to have the disputed services continued while the Anthem appeal and state fair hearing process are occurring. The request to continue services must happen within 10 days of receiving the notice that services were denied or changed, or before the effective date of the denial or change in benefits. You may need to pay for the cost of services if the hearing decision is not in your favor.

### **Your appeal rights**

When you file an appeal, you also have an option to appear in person before the Anthem Grievance and Appeal Committee. If you choose this option, you must make this request and complete this process prior to filing a fair hearing request.

To request participation in this committee option, please call the Anthem Member Advocate at 1-262-523-2424, and we will schedule a meeting. We will send you a letter to let you know of the time and place at least seven calendar days before the committee meeting. Following the meeting, the Committee will review the findings and send you and your doctor our decision in writing within 30 calendar days from the date you filed your appeal.

You may call into this meeting, but you have the right to appear in person if you choose. You have the right to be represented at the committee meeting, and you can bring a friend or family member. You may also bring new evidence and witnesses to this meeting.

You have the right to a free copy of all documents, records and other information related to this decision. This includes medical information needed, and any processes, policies, or standards used in making the decision. You have a right to this information whether or not you file an appeal. If you do file an appeal, you also have the right to a free copy of any new or additional information Anthem gathers during your appeal.

If the Anthem Grievance and Appeal Committee decides against your appeal OR if we do not come to a decision within 30 days of receiving your appeal, you will have the option to file for a state fair hearing with the Wisconsin Division of Hearing and Appeals. If the Anthem Grievance and Appeal Committee decides against your appeal, you will receive a decision letter with more information on how to file for a state fair hearing. **You must finish your appeal with Anthem before filing for a state fair hearing.**

If you're an SSI member and want to talk to someone outside of Anthem, you may call Disability Rights of Wisconsin at 1-800-708-3034. You may also write to them at:

Disability Rights of Wisconsin  
6737 Washington St., Ste. 3230  
Milwaukee, WI 53214

At any time during the appeal process, you can give us new facts, written comments, documents or other information about your appeal. We will not treat you differently because you filed an appeal. Your benefits will not change.

### **Your fair hearing rights**

The hearing will be held by an independent administrative law judge. These hearings are usually completed by telephone. You have the right to be represented at the hearing, and you can bring a friend or family member. You can also ask the judge to include witnesses and send new evidence for the judge to consider when reviewing your case.

You have the right to a free copy of all documents, records and other information related to this decision. This includes medical necessity criteria, and any processes, strategies or evidentiary standards used in making the decision. You have a right to this information whether or not you file an appeal.

### **Continuing your services during a state fair hearing**

If you requested that a service continue while waiting for a decision from us, you can also request that it continue until the state fair hearing is resolved. To continue this service while you appeal, you must send a request for a state fair hearing *and* continuation of your benefits to the Division of Hearings and Appeals. To continue this service while you submit a state fair hearing, you must send a request for a state fair hearing *and* continuation of your benefits to the Division of Hearings and Appeals within 10 calendar days from the mailing date or the intended effective date, whichever is later.

If the administrative law judge upholds Anthem's decision, you may need to repay the cost of the services you received while your appeal was being processed.

### **Getting help with your state fair hearing**

We can help you complete forms and take other steps to process your appeal. If you have any questions about the process or need help requesting a state fair hearing or obtaining records, you can contact the Anthem Member Advocate at 1-262-523-2424.

If you want to talk to someone outside of Anthem, you can call the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001 or the HMO Enrollment Specialist at 1-800-291-2002. If you are enrolled in a Medicaid SSI program, you can also call the SSI Managed Care External Advocate at 1-800-708-3034 for help with requesting your state fair hearing.

### **Translation and interpreter services**

Interpreter services are available at no charge during the grievance and appeal process. Please call Member Services at 1-855-690-7800 (TTY 711) if you need translation help.

## **Civil rights complaints**

Anthem provides coverage for BadgerCare Plus and Medicaid SSI covered services to all eligible members, regardless of age, race, religion, color, disability, sex, physical condition, sexual orientation, national origin, marital status, arrest or conviction record, or military participation.

All medically necessary covered services are available and will be provided in the same manner to all members. All persons or organizations associated with Anthem who refer or recommend members for services shall do so in the same manner for all members.

If you believe your rights have been violated, you may file a complaint by:

- Calling Member Services toll free at 1-855-690-7800 (TTY 711) or
- Writing us a letter to tell us about the problem. Send your letter to:

Central Appeals Processing  
Anthem Health Plans of Wisconsin, Inc.  
P.O. Box 62429  
Virginia Beach, VA 23466-2429

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>.
- By mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Ave. SW  
Room 509F, HHH Building  
Washington, DC 20201

1-800-868-1019, (TDD 1-800-537-7697).