Office of the Managed Care Ombudsman

Help with Appeals

- We will assist you and ensure you understand the process and have access to all the internal appeals your Managed Care Health Insurance Plan (MCHIP) offers;
- We can contact your MCHIP to clarify issues involved in your appeal help you understand the issues involved in your appeal, and guide you through the appeal process.

Know Your Appeal Rights

The policy documents and letters you receive from the MCHIP will contain an overview of the appeal process. Be sure to understand:

- How many appeals you have under the MCHIP's process;
- Specific timeframes for submitting an appeal;
- If your internal appeal is denied, you may be eligible for the Bureau of Insurance's External Review program.

APPEALING AN MCHIP DENIAL

1. CLEARLY STATE WHAT YOU WANT TO APPEAL AND WHY.

- Identify the specific service or claim that you are appealing and if applicable include the date of service, provider, claim number and any other information that will help your MCHIP know what you are appealing and why.
- Determine if your appeal involves a medical issue, such as payment or authorization for services you believe were medically necessary, or an administrative issue, such as a benefit that was denied because your MCHIP states the benefit was not eligible for coverage.

2. DISCUSS THE PROBLEM DIRECTLY WITH YOUR MCHIP.

- Contact the MCHIP and learn all you can about the issue you are appealing.
- Take notes to include the date, name of the MCHIP representative, summary, and outcome of your discussion.
- If the conversation indicates the problem will be solved, check back with your MCHIP if the problem is not resolved in a reasonable time.

3. INVOLVE YOUR TREATING HEALTH CARE PROVIDER.

- If your appeal involves denial of treatment your provider believes is medically necessary, ask your provider to contact your MCHIP and discuss the issue.
- Your provider can contact the MCHIP to discuss the request and related issues. Such direct discussions may resolve the problem.

4. SUBMIT A WRITTEN APPEAL.

- Clearly explain why you believe the specific service or claim is eligible for coverage. Include facts that support your position.
- Be sure to include your name, identification number, address, email, and telephone number.
- Confirm mailing address. Mail a copy of your appeal via certified mail requesting a return receipt (optional) to ensure your appeal is received.

5. FOLLOW UP ON YOUR APPEAL.

- If you do not receive an acknowledgment within a few days, contact your MCHIP to determine if they received your appeal.
- If you send your appeal via facsimile or email, it is very important to contact your MCHIP and ensure they received your appeal.
- Follow any instructions included with the acknowledgment letter you receive to ensure you understand the next step in the appeal process.

6. EXPEDITED APPEALS.

- These appeals usually involve medical necessity denials, such as pending medical treatment required for an urgent medical situation.
- You can obtain information on expedited appeals from your MCHIP, by reviewing your policy documents, or from the Office of the Managed Care Ombudsman.

Office of the Managed Care Ombudsman Office Contact Information:

Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218

Toll free: 1-877-310-6560

Direct: 804-371-9032

Ombudsman@scc.virginia.gov