Alaska Division of Retirement and Benefits

AlaskaCare Employee Health Plan

Health Plan Appeal *For services incurred on or after January 1, 2018*

Guide for Members of the AlaskaCare Employee Health Plan

The AlaskaCare Employee Health Plan provides members with the right to appeal the health claims and precertifications that have been denied by the claims administrator, Aetna.

If a claim or precertification is denied, in whole or in part, your Explanation of Benefits (EOB) or letter from Aetna will explain the reason for the denial. Please refer to your AlaskaCare Employee Health Plan for coverage information and if necessary, call Aetna toll-free at (855) 784-8646 for further clarification. If you still feel the claim or precertification should be covered under the terms of the Plan, you may take the following steps to file an appeal.

NOTE: See the Dental Plan Appeal (ben075b) brochure for information on dental appeals.

Level I

Claims Administrator Appeals

Please submit your request in writing, explaining the nature of your appeal, including copies of the Aetna Member Complaint and Appeal Form (optional), EOBs, correspondence, and pertinent medical records. Your appeal must be received by Aetna within 180 calendar days of the date the EOB or precertification denial letter was issued. Submit your request to the following address:

Aetna
Attention: AlaskaCare Member Appeal Level I
P.O. Box 14463
Lexington, KY 40512

Fax: (859) 425-3379

If appealing a precertification denial, Aetna will issue a written decision within 30 calendar days after their receipt of your appeal. If your precertification denial is not eligible for external review, Aetna will issue a written decision within 15 calendar days after their receipt of your appeal. If appealing a claim denial, Aetna will issue a written decision within 60 calendar days (30 calendar days if not eligible for external review) after their receipt of your appeal. If you are not satisfied with the Level I decision, you may submit a Level II appeal to Aetna. See instructions for Level II Appeal below.

Level II

Claims Administrator Appeals; Independent Review Organization

You may request a Level II appeal if your claim is not eligible for external review. Aetna must receive your written request for a Level II appeal within 180 calendar days of the date the Level I decision letter was issued. Submit your request to the same address as the Level I appeal, but with the indication that it is a Level II appeal.

Your appeal will be reviewed by individuals who did not participate in the Level I review and Aetna will issue a written decision within 15 calendar days for precertification appeals or within 30 calendar days for post service appeals.

If your denied claim relates to benefits that involve medical judgment (e.g. medical necessity or level of care), you may file a request for external review no later than 4 months following receipt of your Level I denial. The Independent Review Organization (IRO) will provide written notice of its decision within 45 calendar days. If the external review organization decides the medical issues in your favor, the plan will pay immediately.

If you are not satisfied with the final Level II or IRO decision, you may appeal this decision to the Division of Retirement and Benefits.

URGENT APPEALS: If your doctor or provider advises Aetna that a delay in your appeal process could harm your health, Aetna will reach a decision regarding your appeal within 72 hours after receipt of your Level I or Level II appeal.

Level III

Division of Retirement and Benefits Appeal

You may request a Level III appeal in writing, explaining the nature of your appeal and submitting any additional documentation from your provider not submitted with your Level I or II appeals. Your appeal must be received by the Division within 60 calendar days of the date of the Level II or IRO decision. The Division will issue a written response within 60 calendar days after receipt of all relevant material. If you are not satisfied with the Division decision, you may appeal this decision to the Alaska superior court. See instructions for Level IV Alaska superior court appeals below.

Level IV

Administrative Appeal with Superior Court

Appellant Instructions for filing an Administrative Appeal with the superior court are located at *courts.alaska.gov/forms*; select AP-210. Pursuant to Rule 602(a)(2) of the Alaska Rules Appellate Procedure:

An appeal may be taken to the superior court from an administrative agency within 30 days from the date that the decision appealed from is mailed or otherwise distributed to the appellant. If a request for agency reconsideration is timely filed before the agency, the notice of appeal must be filed within 30 days after the date the agency's reconsideration decision is mailed or otherwise distributed to the appellant, or after the date the request for reconsideration is deemed denied under agency regulations, whichever is earlier.

Alaska Division of Retirement and Benefits
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Member Education Center
Hours: Monday-Thursday 8:30 a.m. to 4 p.m. | Friday 8:30 a.m. to 3 p.m.
Toll-Free: (800) 821-2251 | In Juneau: (907) 465-4460 | Fax: (907) 465-4668 | TDD: (907) 465-2805
doa.drb.mscc@alaska.gov

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