

June 2019

Provider grievances and appeals

Provider grievances

A grievance is defined as an expression of dissatisfaction about any matter other than an action. Examples of reasons for filing a grievance include a provider's dissatisfaction with:

- Quality of services provided by Healthy Blue.
- Aspects of interpersonal relationships, such as inappropriate behavior of a member.
- Failure to respect provider rights.

A provider may file a grievance at any time. A grievance may be filed verbally by calling the Provider Customer Care Center at **866-757-8286**. Providers may also submit a grievance to us in writing by completing a *Provider Grievance Form*, which may be requested from the Provider Customer Care Center. This form is also available on our website. Visit www.HealthyBlueSC.com and select **Providers**. Or send a letter to:

Healthy Blue
Attn: Grievances and Appeals
P.O. Box 62429
Virginia Beach, VA 23466-2429

The provider will receive written resolution of the grievance within 30 calendar days of Healthy Blue's receipt of the grievance.

Provider appeals

An appeal is defined as a request for review of an action. Examples of reasons for filing a provider appeal include:

- The denial or limited authorization of a requested service, including the type or level of service.
- The reduction, suspension or termination of a previously authorized service.
- The failure to provide services in a timely manner, as defined by the South Carolina Department of Health and Human Services.
- The failure of Healthy Blue to act within the required time frames.

A provider may file an appeal up to 90 calendar days from the date the provider receives the Healthy Blue *Notice of Action* letter that informed the provider of the adverse action being denied. The appeal may be filed verbally by calling the Provider Customer Care Center at **866-757-8286**. Providers may also submit an appeal in writing by completing a *Provider Appeal Request Form*, which may be requested from the Provider Customer Care Center. This form is also available on our website. Visit www.HealthyBlueSC.com and select **Providers**. Or send a letter to our Grievances and Appeals department at the address on the first page.

www.HealthyBlueSC.com

The provider will receive written resolution of the appeal within 30 calendar days of Healthy Blue's receipt of the grievance. The decision will be final and the provider will have no further right of appeal related to the action in question.

Provider filing a standard appeal on a member's behalf

A provider may file an appeal on behalf of a Healthy Blue member with the member's written consent.

A provider may request a standard appeal up to 90 calendar days from the date the member received the Notice of Action letter that informed the provider of the adverse action being denied. The appeal may be requested verbally by calling the Provider Customer Care Center at **866-757-8286**. Providers may also submit a request for an appeal in writing by completing a *Provider Appeal Request Form*, which may be requested from the Provider Customer Care Center. This form is also available on our website. Visit www.HealthyBlueSC.com and select **Providers**. Or send a letter to our Grievances and Appeals department at the address on the first page.

The member and provider will receive written resolution of the appeal within 30 calendar days of Healthy Blue's receipt of the appeal request. The decision will be final, and the provider will have no further right of appeal related to the action in question.

Provider filing an expedited appeal on a member's behalf

A provider may file an expedited appeal on the member's behalf if the standard 30-calendar-day time frame could jeopardize the life or health of the member or the member's ability to regain maximum function. Additional medical records or other documentation may be requested to justify the request. A decision will be made, and the member and provider will receive written resolution of the appeal within three business days of receipt of the appeal request. The decision will be final, and the provider will have no further right of appeal related to the action in question.