

STATE HEALTH BENEFITS PROGRAMS APPEAL FORM

Persons enrolled in COVA Care, COVA Connect, COVA HDHP (High Deductible Health Plan), Advantage 65, Advantage 65 with Dental/Vision, Option I or Option II may use this form to appeal to the Director of the Department of Human Resource Management (DHRM) regarding a denied claim.

To be considered a valid appeal, the Director must receive it within 60 days of the final adverse decision of the plan.

Please note: The following cannot be appealed to DHRM:

- specific coverage exclusions listed under "What is not covered" in the member handbook. However, denials of claims or coverage for services involving medical necessity (e.g. experimental/investigational procedures) can be appealed.
- matters in which the sole issue is disagreement with policies, rules, regulations, contract or law.
- claim amounts or service denials when the member's cost is less than \$300.
- claim amounts above the allowable charge billed by a non-participating provider.

In the above cases, the decision of the Plan is final.

Also, this form may be used to appeal directly to the Director of DHRM on matters of eligibility, regardless of the State plan in which the appellant is enrolled.

Your Name _____ Member ID # _____

Name of Enrolled Employee _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Business Phone () _____

Patient Name _____ Date of Service _____

Name of Physician, Hospital, or Other Health Care Provider _____

CHECK ONE OR MORE OF THE FOLLOWING REASONS FOR THE APPEAL:

Disagree with the amount paid on a claim or with the amount of member co-payment

Believe the claim was for a covered service and should not be denied for payment

Believe a service was medically necessary, though denied as not medically necessary

Eligibility or "Other" Issue. Please describe:

PLEASE ATTACH DOCUMENTS RELEVANT TO YOUR APPEAL. For example: Explanation of claims processed, other correspondence from plan, letter from your physician, bill from your health care provider. Are documents attached? Yes No

APPEALS TO THE DIRECTOR OF THE DEPARTMENT OF HUMAN RESOURCE MANAGEMENT should be addressed as follows:

Director, Department of Human Resource Management
101 North 14th Street – 13th Floor
Richmond, Virginia 23219-3657

Please mark the envelope **Confidential – Appeal Enclosed**

What specific remedy do you seek in filing this appeal? _____

SIGNATURE _____ **DATE** _____

Please note: If your appeal is related to medical or mental health and substance abuse claims, DHRM must have a completed HIPAA Authorization Form before the appeal can be processed. The form is available on the DHRM Website at www.dhrm.virginia.gov under HIPAA Privacy or from your Benefits Administrator.