

# HEALTH APPEAL PACKET NO. 1

## Level 1 Appeals to Aetna or OptumRx (Active Employee Plan)

There are 4 levels of appeal for services received after January 1, 2018. Each appeal level has its own instructions and forms. This packet is for level 1 appeals of health claims or pharmacy claims denied in whole or in part. You must follow the appeal process **in the correct order** and **on time**. You may withdraw your appeal at any step.

<b><i>Form Number</i></b>	<b><i>Form Name</i></b>
<b>INSTRUCTIONS</b>	
Instructions for a level 1 appeal of a denied health claim or pre-certification request start on the next page. For more detailed instructions, see the appeal section of the health <a href="#">PLAN</a> .	
<b>FORMS DISCUSSED IN THIS PACKET</b>	
<a href="#">HCA-105</a>	<b>Level 1 Appeal of Health Claim or Pre-certification Denial</b> Level 1 appeal is the first step in the process of appealing a health claim or pre-certification request denied by Aetna or OptumRx. It is not for emergency appeals.
<b>OTHER TOOLS AND PACKETS</b>	
<a href="#">Flowchart</a>	<a href="https://public.courts.alaska.gov/web/forms/docs/wfd-aetna.pdf">https://public.courts.alaska.gov/web/forms/docs/wfd-aetna.pdf</a>
<a href="#">Links</a>	<a href="https://public.courts.alaska.gov/web/forms/docs/hcatoolkit-links.pdf">https://public.courts.alaska.gov/web/forms/docs/hcatoolkit-links.pdf</a>
<a href="#">Level 2 Packet</a>	<a href="https://public.courts.alaska.gov/web/forms/docs/hca-200.pdf">https://public.courts.alaska.gov/web/forms/docs/hca-200.pdf</a>
<a href="#">Level 3 Packet</a>	<a href="https://public.courts.alaska.gov/web/forms/docs/hca-300.pdf">https://public.courts.alaska.gov/web/forms/docs/hca-300.pdf</a>
<a href="#">Level 4 Packet</a>	<a href="https://public.courts.alaska.gov/web/forms/docs/hca-400.pdf">https://public.courts.alaska.gov/web/forms/docs/hca-400.pdf</a>

## March 2019-Alaska Court System

This packet was prepared by the healthcare advocates at the Alaska Court System for employees of the Alaska Court System and their dependents who are members of the AlaskaCare Active Employee Plan. For more information or assistance, please email: [HealthcareAdvocates@akcourts.us](mailto:HealthcareAdvocates@akcourts.us).

# HOW TO FILE A LEVEL 1 APPEAL AFTER AETNA OR OPTUMRx DENIES YOUR CLAIM OR PRECERTIFICATION REQUEST

INTRODUCTION	
<p><b>What is this packet for?</b></p>	<p><b>Use this packet:</b></p> <ul style="list-style-type: none"> <li>▪ If you want to appeal a health or pharmacy claim or a precertification request that Aetna or OptumRx denied or partially denied; <u>and</u></li> <li>▪ This is the beginning of your appeal (this is level 1); <u>and</u></li> <li>▪ You are an active employee of the Alaska Court System or a dependent.</li> </ul> <p><b>Do <u>not</u> use this packet:</b></p> <ul style="list-style-type: none"> <li>▪ This packet is <u>not</u> for emergency appeals. For help with emergency appeals, refer to the health <a href="#">PLAN</a> or e-mail the Healthcare Advocates.</li> <li>▪ This packet is <u>not</u> for dental or vision appeals. For help with those, refer to the health <a href="#">PLAN</a> or e-mail the Healthcare Advocates.</li> <li>▪ This packet is <u>not</u> for level 2 appeals or requests for external review. For those, use form <a href="#">HCA-200, Health Appeal Packet 2</a>.</li> <li>▪ This packet is <u>not</u> for level 3 appeals to DRB. For those, use form <a href="#">HCA-300, Health Appeal Packet 3</a>.</li> <li>▪ This packet is also <u>not</u> for appeals to superior court. For appeals to superior court, use form <a href="#">HCA-400, Health Appeal Packet 4</a>.</li> </ul>
<p><b>What are the basic steps for appealing?</b></p> <p><b>This packet is for step 1.</b></p>	<p>For services received on or after January 1, 2018, there are 4 levels of appeal. This includes 2 appeals through Aetna for health services or OptumRx for pharmacy services; 1 appeal to DRB; and then 1 appeal to court. You must go through each level of appeal <b>in the correct order</b>, and <b>on time</b>. You may withdraw your appeal at any step.</p> <p><b>Step 1</b> is a LEVEL 1 APPEAL to Aetna for health services or OptumRx for pharmacy services. If your level 1 appeal is granted, then you won, and the process is finished. If your level 1 appeal is denied, then go to step 2. (This form packet is for LEVEL 1.)</p> <p><b>Step 2</b> will be either a LEVEL 2 APPEAL or a REQUEST FOR EXTERNAL REVIEW, depending on the reason why your level 1 appeal was denied. For step 2, use <a href="#">HCA-200, Health Appeal Packet 2</a>.</p> <p><b>Step 3 is only for services received on or after January 1, 2018</b>, and will be a LEVEL 3 APPEAL to DRB. For step 3, use <a href="#">HCA-300, Health Appeal Packet 3</a>. If DRB denies your Level 3 review, then you may go to Step 4.</p> <p><b>Step 4</b> is filing an appeal to SUPERIOR COURT if you do not win at the earlier steps. For appeals to superior court, use <a href="#">HCA-400, Health Appeal Packet 4</a>.</p>

## LEVEL 1 APPEAL OF **PRE-CERTIFICATION DENIAL**

**What is pre-certification?**

Pre-certification (also called “pre-authorization”) is when Aetna or OptumRx approves your procedure or medication **beforehand** because you or your provider requested it. The active employee health [PLAN](#) requires pre-certification for some procedures and medications before they will cover the claim. If pre-certification is not requested and received beforehand, the plan will cover less of the cost or nothing at all.

**My appeal is about pre-certification.**

If you are appealing Aetna’s or OptumRx’s denial of pre-certification, you first need to review a copy of the pre-certification or pre-authorization denial letter:

- If your *provider* requested pre-certification, Aetna or OptumRx will send the provider a letter explaining the pre-certification denial decision, and Aetna or OptumRx will send you a copy of the letter.
- If *you* requested pre-certification, Aetna or OptumRx will send the denial letter directly to you. Make sure you keep your address current with the State of Alaska or else letters will be sent to your old address.

**What services require pre-certification?**

You will find a list of services requiring pre-certification in the [PLAN](#). Aetna has the same list on its website [plus](#) OptumRx added several medications. You can use the “[Links](#)” tool or the [Precertification flowchart](#) for more information.

## LEVEL 1 APPEAL OF **HEALTH OR PHARMACY CLAIM DENIAL**

**How will I know if my claim has been denied?**

For **health claims processed by Aetna**, you can find out by reviewing the EOB. See the discussion below for instructions about that.

For **pharmacy claims processed by OptumRx**, you will find out there’s a problem when either (a) you receive a letter from OptumRx telling you about the problem or (b) your pharmacist tries to fill your prescription and receives a rejection from OptumRx.

**My appeal is about a denied health claim by Aetna.**

**For health claims processed by Aetna, first find the EOB.** If your appeal is about Aetna denying a health claim for a service you already had, and not about pre-certification or a pharmacy claim, you need to first find the Explanation of Benefits (EOB) from Aetna. Note: you cannot easily print an EOB even if it’s open on your computer screen. Some of the key pieces of information will not be included on a print out. So we recommend that you follow all 5 steps below.

**To find the EOB, follow these 5 steps:**

1. Go to: <http://doa.alaska.gov/dr/askacare/>
2. Select the button called “View medical claim status” shown below:



3. Log in using your username and password.

**What should I look for on the EOB?**

4. Under **manage claims**, select "Explanation of Benefits:"



(Note: Do not try to find your EOBs using the "Claims" button because that will not give you a clear route to the EOB you need.)

5. After the "Explanation of Benefits" list is open, **find the claim** you want to review. Look under the columns called "date of service" and "health care professional" to find it.

After you find the claim you want to look at, select the link under "date prepared" to open the EOB. See the example below. **IMPORTANT!!!** Sometimes there is more than one health claim on an EOB. Scroll through the EOB to find the particular claim you want. (You may need to scroll using a "next page" button.)

Claim Statements

Date Prepared	Member Name	Date of Service	Health Care Professional
<a href="#">02/20/2017 &gt;</a>	<a href="#">DORNE &gt;</a>	01/23/2017	CORDOVA COMMUNITY MEDICAL
		01/23/2017	CORDOVA COMMUNITY MEDICAL

**3 most important parts of the EOB.**

**Next, find the 3 most important pieces of information on the EOB:**

1. STATEMENT DATE. This is the date in the upper right corner of every EOB. You must know this date because it determines the deadline to file a level 1 appeal. You have 180 days to file after the EOB statement date. **The statement date is found in the upper right corner of every EOB.** Here is a sample of what the STATEMENT DATE looks like:

**Statement date: February 20, 2017**

2. CLAIM ID. The claim ID is the EOB ID number. You can usually find it on page 2 of the EOB. But first, if all of the pages don't show up when you open the claim, use the "next page" button. The "next page" button looks like this:

Page 1 of 4

[Next Page](#)

Find the CLAIM ID for the claim you want to appeal. It will be a series of letters and numbers. Here is a sample of what one looks like:

## Your claims up close

### Claim for Dorne (self)

Claim ID: E5JLWWXGB00 Received on 2/7/17	Amount billed	Member rate
---	---------------	-------------

3. **REMARKS. SUPER IMPORTANT!!!** There will be a tiny number in parentheses next to the particular procedure you are appealing. Here is an example:

### Claim for Dorne (self)

Claim ID: E902X08H400 Received on 5/2/17	Amount billed	Member rate	Not payable by plan (Remarks) ⓘ
	A	B	C
OFFICE VISIT on 3/31/17 99203	319.00		16.00 (3)

This tiny number is **the key to the reason why Aetna denied your claim.** Now scroll through the EOB until you find: "Your Claim Remarks."

### Your Claim Remarks

#### General Remarks:

- (1) You do not have to pay this. We consider payment for this service to be part of the payment for other services. It is not paid separately. [780]
- (2) Your provider may have sent diagnosis codes with your claim. You may obtain these codes and their meanings by contacting us at the number listed at the top of the first page. We will also provide your treatment codes and their meanings, if they do not appear on this statement. If you have questions about your diagnosis or your treatment, please contact your provider. [H63]
- (3) This amount is over the recognized charge for this service. The provider may bill you for this amount. [551]

Remark (3) in this *example* says the amount charged by the doctor is "over the recognized charge for this service." That means your claim was denied because Aetna thinks the doctor charged too much for the service.

## DEADLINE FOR SUBMITTING THE LEVEL 1 APPEAL

### When is my Level 1 appeal due?

You have 180 days to file your level 1 appeal from the date you received notice that Aetna or OptumRx denied your claim. Calculate 180 days from the statement date on the EOB and use that as your deadline. You can use this online date calculator: <http://cgi.cs.duke.edu/~des/datecalc/datecalc.cgi>. Type the EOB statement date as your start date, and then 180 days as the number of days. Then click "submit." Here is an example:

Calculate the date some number of days from an initial date:

Start date:     Use today's date  
MM DD YYYY

Number of days:

Today is: April 11, 2017

## PREPARE THE LEVEL 1 APPEAL

**Prepare the Level 1 appeal and send it to OptumRx for pharmacy claims, or Aetna for other claims.**

### **Prepare and submit your level 1 appeal:**

1. FILL OUT FORM [HCA-105 TO PREPARE YOUR LEVEL 1 APPEAL](#). You are not required to use this form, but the court system created it to make it easier for you. Fill out each section that applies to your situation. Then sign and date the last page and fill in your contact information.  
**IMPORTANT!!!** If you have more than one health plan (such as both active and retiree plans), write all of your member ID numbers on the form.  
For examples of language you might use for an appeal of a denied health claim, or language you might use for an appeal of a denied pre-certification request, email the healthcare advocates: [HealthcareAdvocates@akcourts.us](mailto:HealthcareAdvocates@akcourts.us).
2. GATHER YOUR MEDICAL RECORDS OR LETTERS FROM YOUR PROVIDER. Contact your provider's office and ask for a copy of your medical records or other records that are important to your appeal. If Aetna says the services you had were not "medically necessary," then ask your doctor to write a "medical necessity letter" explaining that the services you had were medically necessary. For more information, email the healthcare advocates.
3. MAKE A COPY FOR YOUR RECORDS OF ALL LEVEL 1 DOCUMENTS YOU WILL SUBMIT TO AETNA OR OPTUMRx. You may need to use the documents again for a level 2 appeal or an appeal to superior court.
4. SUBMIT YOUR LEVEL 1 APPEAL TO AETNA OR OPTUMRx. Make sure to send it by fax with a confirmation sheet, or by mail with delivery confirmation. You need to be able to prove it was received within the appeal deadline.
5. KEEP TRACK OF YOUR LEVEL 1 APPEAL. Contact Aetna or OptumRx after a month if you have not received a decision letter from them. See the links tool for contact info: <https://public.courts.alaska.gov/web/forms/docs/hcatoolkit-links.pdf>

## LEARNING THE RESULT OF THE LEVEL 1 APPEAL

**What is the result of my Level 1 appeal?**

Aetna or OptumRx will mail you a letter explaining what it decided about your level 1 appeal. The letter should explain the reason for the denial and what you can do next.

Your next step will be either a level 2 appeal or a request for external review, depending on the reason why your level 1 appeal was denied. For tools and instructions about the next level of appeal, see [HCA-200, Health Appeal Packet 2](#), or email the healthcare advocates: [HealthcareAdvocates@akcourts.us](mailto:HealthcareAdvocates@akcourts.us).

**When in doubt, email the healthcare advocates at**  
**[HealthcareAdvocates@akcourts.us](mailto:HealthcareAdvocates@akcourts.us)**

Your Member Number: \_\_\_\_\_

Your Name: \_\_\_\_\_

## APPEAL OF HEALTH CLAIM OR PRECERTIFICATION DENIAL

This form is for active employees (not retirees) of the Alaska Court System and their dependents who wish to appeal health claim or precertification denials by Aetna or OptumRx.

### WHAT LEVEL APPEAL IS THIS?

[For more information about appealing your claims, call DRB at 1-800-821-2251; or review the health plan at <http://doa.alaska.gov/dr/alaskacare/employee/publications/booklet.html>; or email the Healthcare Advocates at [healthcareadvocates@akcourts.us](mailto:healthcareadvocates@akcourts.us). If you are not satisfied with the administrative appeal decisions, you may appeal to Superior Court. See appeal form packets [HCA-100](#), [HCA-200](#), [HCA-300](#), and [HCA-400](#).]

**Level 1 Appeal to  Aetna  OptumRx**  **Check this box if this is an urgent appeal** \*  
Check this box if this is your Level 1 (first) appeal of a claim denied in full or in part by Aetna for health services or OptumRx for drugs. Level 1 appeals must be **received** by Aetna or OptumRx within 180 calendar days of the Explanation of Benefits (EOB) "statement date" or denial letter. You may use this [online calculator](#) to calculate the due date.

**Level 2 Appeal to  Aetna  OptumRx**  **Check this box if this is an urgent appeal** \*  
Check this Level 2 box if **all** of these statements are true:  
a. You are not satisfied with the level 1 appeal decision by Aetna or OptumRx; and  
b. For Aetna claims only, Aetna's level 1 decision was based on something other than Aetna's "medical opinion" (for example, Aetna says your doctor's charges are more than the "recognized charge," or the service you received is not covered by the plan, or that they need more records from your doctor); and  
c. You want to appeal to level 2.  
Level 2 appeals go to Aetna for denied health services or OptumRx for denied drugs, and must be **received** by Aetna or OptumRx within 180 calendar days of the date of the Level 1 decision. You may use this [online calculator](#) to calculate the due date.

**Level 2 Request for External Review to Aetna**  **Check this box if this is an urgent appeal** \*  
Check this box if **all** of these statements are true:  
a. You are not satisfied with the level 1 appeal decision by Aetna; and  
b. Aetna's level 1 decision was based on Aetna's "medical opinion" or Aetna's level 1 denial letter talks about "medical necessity" (for example, they say your procedure was not medically necessary, or it was experimental or investigational, or something else involving Aetna's medical or clinical opinion); and  
c. You want to request review by an independent external review company.  
Requests for external review must be submitted to Aetna no later than 4 months after you receive the level 1 denial letter. Aetna is supposed to send a copy of their form for requesting these but they don't always do that. If you do not receive a form from Aetna, use this form or form [HCA-205](#) instead, or email the Healthcare Advocates.

**Level 3 Appeal to DRB (new for 2018)**  **Check this box if this is an urgent appeal** \*  
Check this box if **all** of these statements are true:  
a. You are appealing denial of services or pre-service request provided on or after January 1, 2018; and  
b. You are not satisfied with the level 2 appeal denied by Aetna or OptumRx, or you are not satisfied with the external review by Aetna; and  
c. You want to appeal to level 3.  
Level 3 only applies to services received after 2017. For services received before 2018, skip level 3 and go directly to level 4 (appeal to superior court). Level 3 appeals go to the Division of Retirement & Benefits (DRB) and must be received by the DRB within 60 calendar days of the date of the external review or level 2 decision. You may use this [online calculator](#) to calculate the due date.

**Level 4 Appeal to Superior Court.** If you did not succeed at each of the levels below, then you may appeal to the superior court using packet [HCA-400](#), Health Appeal Packet 4.

\* Request an urgent appeal if you believe that a delay in the appeal process could harm health or threaten life.

Your Member Number: \_\_\_\_\_

Your Name: \_\_\_\_\_

### HOW AND WHERE TO SUBMIT THIS APPEAL

I am sending my appeal today by mail and/or fax as noted below.

**LEVEL 1 OR LEVEL 2 APPEAL TO AETNA**  
Fax with confirmation to (859) 425-3379  
Mail with delivery confirmation to:  
Aetna  
Attn: AlaskaCare Member Appeal  
PO Box 14463  
Lexington, KY 40512

**REQUEST FOR EXTERNAL REVIEW TO AETNA**  
Fax with confirmation to (860) 975-1526  
Mail with delivery confirmation to:  
Aetna  
Attn: National External Review Unit  
2000 River Edge Parkway, Ste. 300  
Atlanta, GA 30328

**LEVEL 1 OR LEVEL 2 APPEAL TO OPTUMRX**  
Mail with delivery confirmation to:  
OptumRx  
Attn: AlaskaCare Benefit Appeals  
PO Box 3410  
Lisle, IL 60532-8410

**LEVEL 3 APPEAL TO DRB**  
Fax to (907) 465-2805  
Mail with delivery confirmation to:  
Division of Retirement & Benefits  
Attn: AlaskaCare Member Appeal  
PO Box 110203  
Juneau, AK 99811

**LEVEL 4 APPEAL TO SUPERIOR COURT**  
File your Level 4 appeal at your nearest Superior Court location. Follow Instructions in the HCA-400 packet. You will also need to serve a copy on DRB and AK Dept. of Law

### WHAT CLAIMS ARE BEING APPEALED?

**AETNA APPEALS:** When a doctor sends a bill to Aetna for payment, Aetna creates an “explanation of benefits” (EOB) statement. Find EOBs at <https://www.Aetna.com/> after logging in. Every EOB has a statement date in the top right corner of the 1st page; and every claim on the EOB has a claim ID number. Every letter from Aetna denying precertification has a case number. **OPTUMRX APPEALS:** You will learn of an OptumRx denial because your pharmacist tells you or you receive a denial letter from OptumRx. There may or may not be a case number, but try and fill out the information below. For more information, email [HealthcareAdvocates@akcourts.us](mailto:HealthcareAdvocates@akcourts.us).

I am appealing the full or partial denial of the following precertification or health claims:

1. Claim or case number \_\_\_\_\_  
Statement date \_\_\_\_\_  
Date of service \_\_\_\_\_  
Provider \_\_\_\_\_  
Drug denied by OptumRx/Briova (if any):  
\_\_\_\_\_

3. Claim or case number \_\_\_\_\_  
Statement date \_\_\_\_\_  
Date of service \_\_\_\_\_  
Provider \_\_\_\_\_  
Drug denied by OptumRx/Briova (if any):  
\_\_\_\_\_

2. Claim or case number \_\_\_\_\_  
Statement date \_\_\_\_\_  
Date of service \_\_\_\_\_  
Provider \_\_\_\_\_  
Drug denied by OptumRx/Briova (if any):  
\_\_\_\_\_

4. Claim or case number \_\_\_\_\_  
Statement date \_\_\_\_\_  
Date of service \_\_\_\_\_  
Provider \_\_\_\_\_  
Drug denied by OptumRx/Briova (if any):  
\_\_\_\_\_

Your Member Number: \_\_\_\_\_

Your Name: \_\_\_\_\_

**WHO IS THIS APPEAL ABOUT?**

My member ID # on my Aetna card is \_\_\_\_\_ My date of birth is \_\_\_\_\_

I am appealing the denial of health services or precertification concerning:

myself. My name is \_\_\_\_\_

my spouse (name and date of birth) \_\_\_\_\_

my child (name and date of birth) \_\_\_\_\_

other (name and date of birth) \_\_\_\_\_

**WHAT ELSE IS INCLUDED WITH THIS APPEAL?**

I am submitting more information and documents with this appeal as follows:

- correspondence
- copy of medical records
- copy or copies of EOB's (explanation of benefits statements)
- copy of prior level appeal denial letter
- other (describe)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By referring to it here, I incorporate all information my provider and I submitted before; this filled-out form; the *Insurance Information Booklet* and all addenda and clarifications in effect on the relevant dates of service; the related Optum Fee Analyzer reports; and any enclosed documents. I also incorporate all recordings related to my appeal and my claims, and ask you to preserve the recordings and all related information until further notice. I also request access to copies of all documents, records, data, and other information about my claims whether or not used in making the decision, and the names of any clinical reviewers if applicable.

I spoke with Aetna or OptumRx about this claim or claims as follows:

Date	Call Reference No.	Representative's Name/ID
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Your Member Number: \_\_\_\_\_

Your Name: \_\_\_\_\_

## DATA AND DOCUMENTS REQUESTED AS PART OF THIS APPEAL

- A. Recognized charge.** This paragraph applies if my claim(s) were denied in whole or part as above the “recognized charge.” The database used for setting the recognized charge is inconsistent with any usual, customary, reasonable, or prevailing rate in the geographic area where the services were performed. The plan relies on data from a database known to be incomplete, inaccurate, and indefensible. I request the following as part of my appeal: (1) For each of the past 36 months, how many actual claims were submitted by Alaska providers on behalf of active and retired AlaskaCare plan members for each of the same CPTs or medications denied in whole or part as above the recognized charge in my claim? And of these actual claims submitted, how many were denied in whole or part as above the recognized charge? (2) Which FairHealth update (May or November, and of what year) was used to process the claims I am appealing? (3) Was “derived data” used to determine the recognized charge for my claims? If so, for each CPT or medication, how many frequencies were in the database on the date my claims were processed and what were the actual provider charge amounts and dates of each of those frequencies? (4) Provide me with a copy of all correspondence between any employee of the Alaska Dept. of Administration and any employee of Aetna or OptumRx about any of the following: FairHealth, any rate-setting database other than FairHealth, and Aetna’s or OptumRx’s reimbursement policies and practices regarding the recognized charge or similar rate-setting tool or process. (5) Provide a copy of the contract or letter of agreement between Alaska and Aetna, or for pharmacy claims between Alaska and OptumRx in effect on the dates of service associated with my claims. (6) Identify the Medicare reimbursement rate in effect on the dates of service for the CPTs or medications at issue in my claim. (7) Identify and provide a copy of every other document or source of information other than the FairHealth database that was used to process my claims.
- B. Proprietary guidelines or clinical policy bulletins.** This paragraph applies if my claim or claims were denied because of information in proprietary documents or guidelines (for example, the MCG Guidelines or the Milliman Medicare Repricer) or a clinical policy bulletin. Please follow all necessary protocols and promptly release the documents and guidelines to me because they are being used to my detriment.
- C. Medical records.** This paragraph applies if my medical records were overlooked or ignored by Aetna or OptumRx or its external review organization in making the adverse benefit determination referenced in this appeal. Provide a copy of my medical records (1) in Aetna’s or OptumRx’s possession or control whether or not used to process my claim, and (2) actually reviewed or used by Aetna’s or OptumRx’s system, external review organization, or employee to process my claim. In addition, if Aetna’s or OptumRx’s system processed my claim, I ask that this appeal and my future claims be processed by a human instead.
- D. Network steerage.** This paragraph applies if my claim(s) were denied in whole or part as out of network. Provide all information used in determining that my provider was out of network. If non-network facility penalties were applied to my claim(s), confirm that the penalties were applied pursuant to my plan(s) and the law, and for facilities in Anchorage or the other 49 states.
- E. Other information requested:**

---

---

---

---

---

---

---

---

## DATE AND SIGN THIS APPEAL

Today’s Date \_\_\_\_\_

Your Name \_\_\_\_\_ Your Telephone \_\_\_\_\_

Your Mailing Address \_\_\_\_\_

Your Signature \_\_\_\_\_