Important Information about Your Appeal Rights

What if I need help understanding this denial? Contact us at QuartzBenefits.com or call (800) 362-3310 if you need assistance understanding this notice or our decision to deny you a service or coverage.

What if I don't agree with this decision? You have a right to appeal any decision not to provide or pay for an item or service (in whole or in part). You have 180 days from the date of the denial to file an appeal. Refer to the "Complaint, Appeal and External Review Procedures" in your Certificate of Coverage. If you need assistance figuring out which section this is, call Quartz Customer Success at (800) 362-3310.

How do I file an appeal? Complete the bottom of this page, make a copy and send this document to Quartz, Attn: Appeals Specialists,2650 Novation Pkwy. Fitchburg, WI 53713; email AppealsSpecialists@QuartzBenefits.com; or fax to (608) 644-3500. You may also file an appeal verbally by calling the Appeals Specialists at (800)362-3309 ext. 101901. You have 180 days from the date of the denial to file an appeal. For non-urgent appeals, Quartz may take up to 15 days after receipt of the request to render a decision. See also the "Other resources to help you" section of this form for assistance filing a request for an appeal.

What if my situation is urgent? You have 180 days from the date of the denial to file an appeal. If your situation meets the definition of urgent under the law, your review will be conducted within 72 hours of receipt of your appeal. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal by calling us at (800) 362-3309, Prompt #6, emailing your request to AppealsSpecialists@QuartzBenefits.com or faxing it to (608) 644-3500. You may attach additional information, such as a physician's letter, bills, medical records or other documents to support your claim.

Who may file an appeal? You, or someone you name to act for you (your authorized representative) may file an appeal. You can be represented by anyone you choose, including an attorney. To name an authorized representative for the appeals process, request an Appointment of Authorized Representative for Appeal Form at QuartzBenefits.com or calling (800) 362-3310.

Can I request copies of information relevant to my claim? Yes, you may request copies (free of charge). If you think a coding error may have caused this claim to be denied, you have the right to have billing and diagnosis codes sent to you, as well. You can request copies of this information by contacting us at QuartzBenefits.com or calling (800) 362-3310.

What happens next? If you appeal, we will review our decision and provide you with a written determination. An independent review of your appeal will be conducted by individuals not involved in the previous decision. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision. If this organization decides to overturn our decision, we will provide coverage or payment for your health care item or service.

External Review: You may also begin an external review at the same time as the internal appeals process if it is an urgent situation or you are in an ongoing course of treatment. You may submit information directly by writing to Minnesota Department of Health, Managed Care Systems Section, P.O. Box 64882, St. Paul, MN 55164-0882; calling (800) 657-3916; or emailing health.mcs@state.mn.us.

Other resources to help you: For questions about your rights, this notice, or for assistance, you can contact: Minnesota Department of Health, either in writing or by calling (800) 657-3916 or visit their website at health.state.mn.us/facilities/insurance/managedcare/complaint. If coverage is group health plan coverage, call the Employee Benefits Security Administration at (866) 444-EBSA (3272).

You may have the right to bring a civil action under ERISA Sec. 502(a) if your claim is denied in whole or in part. However, you must first exhaust your rights to an appeal under the plan before you have any right under ERISA to sue. If you are filing an appeal, your appeal must be submitted within 180 calendar days from the date you received written notice of the claim decision as required under ERISA.

Can I provide additional information about my claim? Yes, you may supply additional information. Send the information to Quartz, Attn: Appeals Specialists, 2650 Novation Pkwy. Fitchburg, WI 53713.

Appeal Filing Form

Name of person filing appeal: _____

Check one: ☐ Covered person ☐ Patient ☐ Authorized Representative

Contact information of person filing appeal (if different from patient):

Address: _____

Daytime phone: _____ Email: _____

Are you requesting an urgent appeal (is your health in serious jeopardy or are you experiencing pain that is not controlled)? ☐ Yes ☐ No

If the person filing the appeal is NOT the patient, the patient must give authorization by signing here (unless the patient's provider is requesting):

_____

Briefly describe why you disagree with this decision (you may attach additional information, such as a physician's letter, bills, medical records, or other documents to support your claim).

_____

_____

_____

- Send this form and your Adverse Benefit Determination to: Quartz, Attn: Appeals Specialists, 2650 Novation Pkwy. Fitchburg, WI 53713
- Keep copies of this form, your Adverse Benefit Determination, and all documents and correspondence related to this claim.