

GRIEVANCES AND APPEALS

GRIEVANCE PROCESS



If you are unsatisfied with AultCare or your network providers, you can contact AultCare, who can assist you in the necessary steps to reach a resolution or begin the grievance process. You may mail your grievance to:

**Grievance and Appeal Coordinator,
PO Box 6029, Canton, OH 44706.**

APPEALS PROCESS



If you disagree with a determination about a specific benefit, you have the right to appeal AultCare's decision. The appeal process can be initiated by you and/or your provider or your authorized representative. Your appeal must be submitted within 180 calendar days of the adverse determination. The appeal should contain a statement describing the reasons you feel your claim/service should not have been denied and should include documents and other supporting records.

A full and fair review will be conducted, taking into consideration all of the information received with the appeal. Clinical appeals, or appeals relating to decisions based on medical necessity, are conducted by health professionals. Appeals can be mailed to:

**Grievance and Appeal Coordinator,
PO Box 6029, Canton, OH 44706.**



CONTACT US

330-363-6360 | 1-800-344-8858

AultCare.com

APPEALS PROCESS CONTINUED...



AultCare will send you a notification in writing regarding the determination of your appeal based upon the type of appeal. Time frames are as follows:

- » Preservice medical and pharmacy appeals will be answered within 15 calendar days of receipt for self-funded employers or within 10 calendar days of receipt for self-funded public employers, insured and MEWA plans.
- » Urgent preservice medical and pharmacy appeals will be answered within 72 hours of receipt for self-funded employers or within 48 hours of receipt for self-funded public employers, insured and MEWA plans.
- » Preservice nonformulary pharmacy appeals will be answered within 72 hours for standard appeals and 24 hours for urgent appeals.
- » Postservice appeals will be answered within 30 days of receipt.
- » Concurrent care appeals will be answered as soon as possible, but not greater than 72 hours after receipt.

You may contact AultCare or refer to your plan documents for more information on how to file an appeal. Your plan document, explanation of benefits (EOB) or denial letter provides the levels of appeal available to you. You can access the most up to date internal or external appeal request forms at [AultCare.com/member-forms](https://www.aultcare.com/member-forms). Scroll down to the Appeals & External Review tab, then choose **Internal Appeal Request Form** or **External Review Request Form** for the appropriate form.

If you, or someone you are helping, have questions about AultCare/Aultra, you have the right to get help and information in your language at no cost. To speak with an interpreter, call Local: 330 363 6360 Outside Stark County: 1 800 344 8858 TTY Local: 711 Outside Stark County: 711 Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca AultCare/Aultra tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al Local: 330 363 6360 Fuera del condado de Stark: 1 800 344 8858 TTY Local: 711 Fuera del condado de Stark: 711 如果您，或是您正在協助的對象，有關於AultCare/Aultra保險公司方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話本地：330 363 6360 斯塔克縣外：1 800 344 8858 TTY線本地：711 斯塔克縣外：711 AultCare/Aultra complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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[AultCare.com](https://www.aultcare.com)

