



Appeal Process – Pre-Service/Concurrent Care/Time-Sensitive Claim

The provider and/or member may initiate an appeal of an adverse benefit determination. Upon initiation of the Appeal Process, the Plan requires one level of review for pre-service Concurrent Care and Time-Sensitive Claims. The decision of the Plan Administrator on the required level of review is final. Civil action may be brought in court following the required level of review. Level II appeals are voluntary.

Level I Appeal – The appeal request must be submitted in writing, within 180 days from the date of receipt of the decision. An explanation of why the claim should not have been denied and any additional information or documentation that supports the claim should be sent via fax or mail to:

SmartHealth Appeals Committee
c/o St. John Health Managed Care, Appeals Coordinator
28000 Dequindre Road
Warren, MI 48092-2468
Fax: (586) 753 – 0981

For **Concurrent Care** claims, submit the appeal in time to continue the course of treatment.

For **Time-Sensitive** claims, submit the appeal as soon as possible. A request for an expedited review may be submitted orally or in writing by the Provider. All necessary information may be provided by telephone, fax or any other expeditious method that is available.

Level II Appeal (Voluntary) – The request for appeal must be made within 60 days of the date of receipt of the Level I Appeal denial. All appeals must be made in writing and sent with any additional related information or documentation that supports the claim to the following address:

SmartHealth Regional Advisory Committee –Appeals Coordinator
c/o St. John Health Managed Care
28000 Dequindre
Warren, MI 48092-2468

Appeal Process – Post Service

A member or provider may initiate a Post-Service Appeal for any service that has already been provided and for which an adverse benefit determination has been made.

There are two required levels of review. The decision of the Regional Advisory Committee after the required levels of review is final. Civil action may be brought in court following the required levels of review.

Level I Appeal - The request for appeal must be submitted in ***writing*** within 180 days from the date of receipt of notice, include all the information that supports the appeal, and sent via fax or mail to:

SmartHealth Appeals Committee
c/o St. John Health Managed Care, Appeals Coordinator
28000 Dequindre Road
Warren, MI 48092-2468
Fax: (586) 753 – 0981

Level II Appeal - The request for appeal must be initiated within 60 days after receipt of the 1st level review denial and must be submitted in ***writing*** to:

SmartHealth Regional Advisory Committee –Appeals Coordinator

c/o St. John Health Managed Care
28000 Dequindre
Warren, MI 48092-2468

Non-Covered Benefits – Only one level of review is required for Non-Covered Benefit issues. The request for appeal must be initiated within 180 days after receipt of notice, include all the information that supports the appeal, and submitted in ***writing*** to:

SmartHealth Post Service Appeals Committee

c/o St. John Health Managed Care
28000 Dequindre
Warren, MI 48092-2468

The decision after this review is final. Civil action may be brought in court following the required level of review.