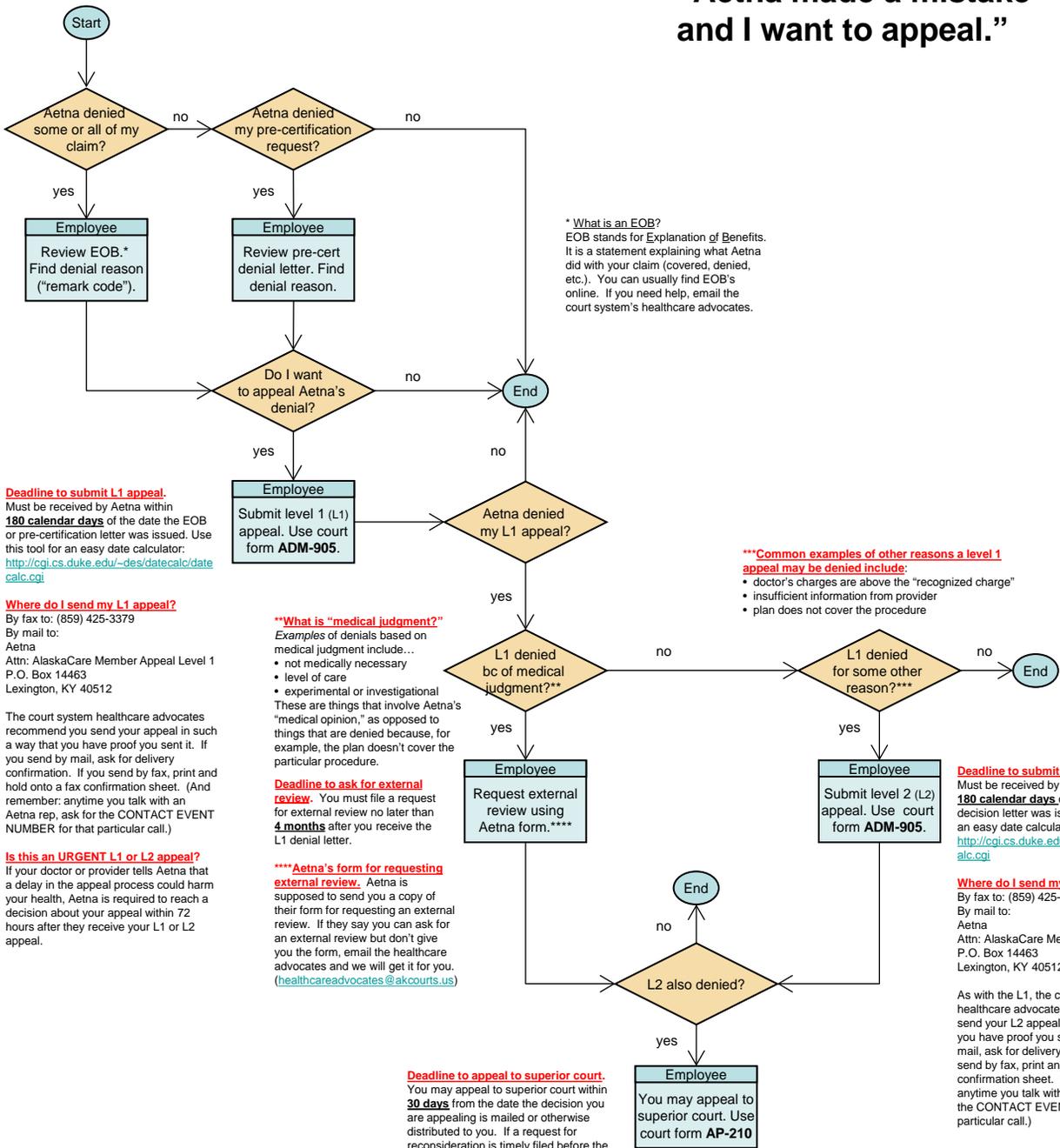


“Aetna made a mistake and I want to appeal.”



* What is an EOB?
EOB stands for Explanation of Benefits. It is a statement explaining what Aetna did with your claim (covered, denied, etc.). You can usually find EOB's online. If you need help, email the court system's healthcare advocates.

Deadline to submit L1 appeal.
Must be received by Aetna within **180 calendar days** of the date the EOB or pre-certification letter was issued. Use this tool for an easy date calculator: <http://cgi.cs.duke.edu/~des/datecalc/datecalc.cgi>

Where do I send my L1 appeal?
By fax to: (859) 425-3379
By mail to:
Aetna
Attn: AlaskaCare Member Appeal Level 1
P.O. Box 14463
Lexington, KY 40512

The court system healthcare advocates recommend you send your appeal in such a way that you have proof you sent it. If you send by mail, ask for delivery confirmation. If you send by fax, print and hold onto a fax confirmation sheet. (And remember: anytime you talk with an Aetna rep, ask for the CONTACT EVENT NUMBER for that particular call.)

Is this an URGENT L1 or L2 appeal?
If your doctor or provider tells Aetna that a delay in the appeal process could harm your health, Aetna is required to reach a decision about your appeal within 72 hours after they receive your L1 or L2 appeal.

****What is "medical judgment?"**
Examples of denials based on medical judgment include...
• not medically necessary
• level of care
• experimental or investigational
These are things that involve Aetna's "medical opinion," as opposed to things that are denied because, for example, the plan doesn't cover the particular procedure.

Deadline to ask for external review. You must file a request for external review no later than **4 months** after you receive the L1 denial letter.

******Aetna's form for requesting external review.** Aetna is supposed to send you a copy of their form for requesting an external review. If they say you can ask for an external review but don't give you the form, email the healthcare advocates and we will get it for you. (healthcareadvocates@akcourts.us)

Deadline to appeal to superior court.
You may appeal to superior court within **30 days** from the date the decision you are appealing is mailed or otherwise distributed to you. If a request for reconsideration is timely filed before the agency, the notice of appeal must be filed within 30 days after the date the agency's reconsideration decision is mailed or otherwise distributed to the appellant, or after the date the request for reconsideration is deemed denied under agency regulations, whichever is earlier in time.

*****Common examples of other reasons a level 1 appeal may be denied include:**
• doctor's charges are above the "recognized charge"
• insufficient information from provider
• plan does not cover the procedure

Deadline to submit L2 appeal.
Must be received by Aetna within **180 calendar days** of the date the Level 1 decision letter was issued. Use this tool for an easy date calculator: <http://cgi.cs.duke.edu/~des/datecalc/datecalc.cgi>

Where do I send my L2 appeal?
By fax to: (859) 425-3379
By mail to:
Aetna
Attn: AlaskaCare Member Appeal Level 2
P.O. Box 14463
Lexington, KY 40512

As with the L1, the court system healthcare advocates recommend you send your L2 appeal in such a way that you have proof you sent it. If you send by mail, ask for delivery confirmation. If you send by fax, print and hold onto a fax confirmation sheet. (And remember: anytime you talk with an Aetna rep, ask for the CONTACT EVENT NUMBER for that particular call.)