Appeal Department
100 N. Academy Ave.
Danville, PA 17822-3220
Phone: 866-577-7733 PA Relay 711
Fax: 570-271-7225
geisingerhealthplan.com

Geisinger
HEALTH PLAN

Federal Employees Health Benefits Program
Geisinger Health Plan disputed claims process

You may appeal directly to the Office of Personnel Management (OPM) if we do not follow required claims processes. For more information about situations in which you are entitled to immediately appeal to OPM, including additional requirements not listed in Sections 3, 7 and 8 of Geisinger Health Plan's Federal Employees Health Benefits Program brochure, visit geisinger.org/fehb.

To help you prepare your appeal, you may arrange with us to review, free of charge, all relevant materials and plan documents under our control relating to your claim, including those that involve any expert review(s) of your claim. To make your request, contact our Customer Service Department by writing to Geisinger Health Plan, 100 N. Academy Ave., Danville, PA 17822 or calling 800-447-4000.

Our reconsideration will not take into account the initial decision. The review will not be conducted by the same person (or their subordinate) who made the initial decision.

When our initial decision is based (in whole or in part) on a medical judgment (i.e., medical necessity, experimental/investigational), we will consult with a healthcare professional who has appropriate training and experience in the field of medicine involved in the medical judgment and who was not involved in making the initial decision.

We will not make our decisions regarding hiring, compensation, termination, promotion or other similar matters with respect to any individual (such as a claims adjudicator or medical expert) based upon the likelihood that the individual will support the denial of benefits.

Disputed claim process description:

Step 1. Ask us in writing to reconsider our initial decision. You must:

(a) Write to us within 6 months from the date of our decision; and
(b) You may submit your disputed claim to us by doing one of the following:

- Submit via mail:
  Geisinger Health Plan
  100 N. Academy Ave.
  Danville, PA 17822-3220
- Submit via fax: 570-271-7225

- Submit via email: commercialappeals@geisinger.edu

You may obtain an appeal filing form to submit your appeal at:
http://geisinger.org/FEHBappeal

(c) Include a statement about why you believe our initial decision was wrong, based on specific benefit provisions in the brochure; and
(d) Include copies of documents that support your claim, such as physicians' letters, operative reports, bills, medical records, and explanation of benefits (EOB) forms.
(e) Include your email address (optional) if you would like to receive our decision via email. We may be able to provide our decision more quickly this way.

We will provide you, free of charge and in a timely manner, with any new or additional evidence considered, relied upon, or generated by us or at our direction in connection with your claim and any new rationale for our claim decision. We will provide you with this information sufficiently in advance of the date that we are required to provide you with our reconsideration decision to allow you a reasonable opportunity to respond to us before that date. However, our failure to provide you with new evidence or rationale in sufficient time to allow you to respond in a timely manner shall not invalidate our decision on reconsideration. You may respond to that new evidence or rationale at the OPM review stage described in step 4.

Step 2. In the case of a post-service or pre-service claim, we have 30 days from the date we receive your request to:

(a) Pay the claim or authorize the service or
(b) Write to you and maintain our denial or
(c) Ask you or your provider for more information.

You or your provider must send the information so that we receive it within 60 days of our request. We will then decide within 30 more days.

If we do not receive the information within 60 days, we will decide within 30 days of the date the information was due. We will base our decision on the information we already have. We will write to you with our decision.

Step 3. If you do not agree with our decision, you may ask OPM to review it. You must write to OPM within:

- 90 days after the date of our letter upholding our initial decision; or
- 120 days after you first wrote to us – if we did not answer that request in some way within 30 days; or
- 120 days after we asked for additional information.

Write to OPM at:
U.S. Office of Personnel Management, Healthcare and Insurance

Federal Employee Insurance Operations, FEHBP 3
1900 E St. NW
Washington, DC 20415-3630

Send OPM the following information:

- A statement about why you believe our decision was wrong, based on specific benefit provisions in this brochure;
- Copies of documents that support your claim, such as physicians' letters, operative reports, bills, medical records and explanation of benefits (EOB) forms;
- Copies of all letters you sent to us about the claim;
- Copies of all letters we sent to you about the claim; and
- Your daytime phone number and the best time to call.
- Your email address, if you would like to receive OPM's decision via email. Note that by providing your email address, you may receive OPM's decision more quickly.

Note: If you want OPM to review more than one claim, you must clearly identify which documents apply to which claim.

Note: You are the only person who has a right to file a disputed claim with OPM. Parties acting as your representative, such as medical providers, must include a copy of your specific written consent with the review request. However, for urgent care claims, a healthcare professional with knowledge of your medical condition may act as your authorized representative without your express consent.

Note: The above deadlines may be extended if you show that you were unable to meet the deadline because of reasons beyond your control.

Step 4. OPM will review your disputed claim request and will use the information it collects from you and us to decide whether our decision is correct. OPM will send you a final decision within 60 days. There are no other administrative appeals.

If you do not agree with OPM's decision, your only recourse is to sue. If you decide to file a lawsuit, you must file the suit against OPM in federal court by Dec. 31 of the third year after the year in which you received the disputed services, drugs or supplies or from the year in which you were denied precertification or prior approval. This is the only deadline that may not be extended.

OPM may disclose the information it collects during the review process to support their disputed claim decision. This information will become part of the court record.

You may not file a lawsuit until you have completed the disputed claims process. Further, federal law governs your lawsuit, benefits and payment of benefits. The federal court will base its review on the record that was before OPM when

OPM decided to uphold or overturn our decision. You may recover only the amount of benefits in dispute.

> **Note:** If you have a serious or life-threatening condition (one that may cause permanent loss of bodily functions or death if not treated as soon as possible), and you did not indicate that your claim was a claim for urgent care, then call us at 800-447-4000. We will hasten our review (if we have not yet responded to your claim) or we will inform OPM so they can quickly review your claim on appeal. You may call OPM's FEHB 3 at 202-606-0737 between 8 a.m. and 5 p.m. eastern time.

We do not make decisions about plan eligibility issues. For example, we do not determine whether you or a dependent is covered under this plan. You must raise eligibility issues with your agency personnel/payroll office if you are an employee, your retirement system if you are an annuitant or the Office of Worker's Compensation programs if you are receiving worker's compensation benefits.

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.