

UMR Appeal Process

How do I appeal a denied claim?

Health coverage – Administered by UMR

Members can call the UMR Customer First Representatives (CFR), 1-888-438-6105, at any time to discuss claims or EOBs (Explanation of Benefits). If it is determined during the communication that the claim is eligible for additional benefits, then the CFR can make those adjustments immediately. If the claim cannot be adjusted and you would like to appeal, follow the steps below:

1st Level Appeal: Member submits an appeal in writing within 180 days by completing the [UMR Post-Service Appeal Request Form](#) and submitting it to UMR. Appeal is reviewed internally by UMR and determination issued to member. Appeals should include member name, UMR ID number and patient name (if different than member). Include a detailed description of the appeal and include any supporting documents from your healthcare provider(s). Be sure to include dates of service and providers' names if you are appealing claims which have been denied. The UMR CFR team can help you in the initial stages of filing an appeal. Once your appeal is filed, a UMR appeals representative will be assigned. Their contact information will be on the notice of appeal sent to you. Appeal should be sent to:

Fax: 1-877-291-3248, or

Email: UMR-Appeals@umr.com, or

Mail: Claims Appeal Unit
P.O. Box 30546
Salt Lake City, UT 84130-0546

2nd Level Appeal: If you would like to file a second level appeal you may do so within 60 days of the notification of 1st level appeal. Your appeal will be reviewed internally by UMR and the plan sponsor (UA System Office) and the determination will be issued to you. Send second level appeal to the UMR Claims Appeal Unit (see UMR contact information above).

3rd Level Appeal: The final appeal level is a review by an external vendor. Contact UMR for the 3rd level appeal information.

Expedited Appeal Process to see an out-of-network mental health provider: The University of Arkansas has implemented an expedited appeal process for participants who want to see out-of-network mental health providers. This expedited appeal process combines the 1st and 2nd level appeals above. Participants who want to be approved to see out-of-network mental health providers should follow the steps outlined in the 1st level appeal above, requesting authorization to see an out-of-network provider and have the services covered as in-network. Include the name and contact information of the out-of-network provider you wish to see and your reasons for wanting to go out-of-network (examples, continuing care with an established provider, lack of local in-

network providers, wait for an appointment with in-network providers which is substantially longer than otherwise found). If UMR turns down your request, they will immediately forward your request to the UA System Office without you having to separately file the 2nd Level Appeal request. If the UA System Office also turns down your request to see an out-of-network provider, you can then request the 3rd Level Appeal, conducted by a physician or physician panel with an independent review organization.