

Filing a Benefits Appeal

Most issues can be resolved by contacting the provider first

Coordinated Care by Quantum Health, the Windstream Benefits Center and Healthways are experts in handling and resolving medical, pharmacy, enrollment and wellbeing matters. If you are experiencing an issue, contact them for assistance.

- Coordinated Care by Quantum Health (medical, pharmacy) 877-550-3255
- Windstream Benefits Center (enrollment, dependent audit) 844-689-7832
- Healthways (biometric screening and wellbeing five completion for 2017) 877-502-8791

If matters cannot be resolved, employees have an appeals process outlined within each summary plan description (SPD) or insurance certificate. In the case of a discrepancy between verbal communication, this document, or other materials, the [summary plan description](#) of the respective product is the governing document.

Administrative Appeals (enrollment, dependent audit, Healthy Return payment)

First Level Appeal:

- File within 180 days of the event date giving rise to the appeal
- Submit in writing to WindstreamBenefits@windstream.com or 4001 N Rodney Parham Rd, Mailstop 1170-B1F2-93, Little Rock AR 72212
- Include request and supporting documentation as applicable
- Response will be received within 60 days

Second level appeals are available and information is included as applicable in the first or second level appeal response.

Medical Appeals (claims, coverage, adverse benefit determination)

First Level Appeal:

- File within 180 days of receipt of the Explanation of Benefits (EOB)
- Submit in writing to UMR Claims Appeal Unit, PO Box 30546, Salt Lake City UT 84130-0546

- Include request and supporting documentation as applicable
- Response will be received within 30 days for pre-service claims, within 60 days for post-service claims, and before treatment ends or is reduced for concurrent care claims

Second and third level appeals are available and information is included as applicable in the first or second level appeal response or in the SPD.

Prescription Drug Appeals (drug coverage – prior authorization, clinical denial, benefit exclusion, refill limit)

First Level Appeal:

- File within 180 days of receipt of original denial
- Submit in writing to Express Scripts Inc, Attn: Pharmacy Appeals, 6625 West 78th Street, Mail Route BL0390, Bloomington MN 55439.
- Include request and supporting documentation as applicable
- Response will be received within 30 days of receipt of written appeal

Second and third level appeals are available and information is included as applicable in the first or second level appeal response or in the SPD.

For information on appeals for other products, please refer to the respective SPD or insurance certificate on windstreambenefits.com or contact Coordinated Care at 877-550-3255. This information was prepared January 2017.

