



Davis Vision Provider Complaint/Appeals Process

From the Davis Vision *Provider Bill of Rights* document:

5. Providers have the right to voice any grievance on behalf of members or themselves regarding covered services.

6. Providers have the right to appeal decisions of Davis Vision without fear of reprisal.

Davis Vision makes the distinction between a provider inquiry and a provider complaint/appeal/grievance (hereafter referred to as a PROVIDER APPEAL) as follows:

PROVIDER INQUIRY – Misunderstanding or problems of misinformation that are resolved with the provider promptly by clearing up the misunderstanding or supplying appropriate information to the satisfaction of the provider.

PROVIDER APPEAL – a PROVIDER INQUIRY that can not be resolved to the satisfaction of the provider.

For providers in the State of Texas:

1. A provider may submit an APPEAL by contacting Davis Vision via telephone, in writing or through Davis Vision's web site www.davisvision.com.
2. The Davis Vision Provider Appeal Form is located on the Davis Vision web site under the "Important Information for All Providers" button on the Davis Vision home page. The form may also be requested by calling Davis Vision's Professional Relations Department at 1-800-933-9371.
3. Registering a PROVIDER APPEAL via telephone constitutes filing a formal PROVIDER APPEAL.
4. Written correspondence should be addressed to:
Davis Vision
Attn: Quality Assurance – Provider Complaints
711 Troy Schenectady Road
Latham, NY 12110
5. PROVIDER APPEAL submission timeframes:
 - a. **Claim Disputes** – must be requested within **180 calendar days** of the "check paid" or denied date of the claim in dispute; and
 - b. **Overpayment Disputes** – must be requested within **45 calendar days** of receipt of the written request of overpayment recovery;
6. A Davis Vision Associate acknowledges receipt of the PROVIDER APPEAL, by telephone or in writing, within five (5) business days from the date the PROVIDER APPEAL is received.
7. A determination is made within thirty (30) days of receipt.



8. If the appeal determination is not in the provider's favor, a second (final) level appeal request may be submitted within fifteen (15) calendar days of receipt of the first level appeal determination.
9. A determination for the second level appeal is made within thirty (30) days of receipt.

For Provider's appealing a claim for a HMO Blue Texas (Blue Cross Blue Shield of Texas) member's claim the following applies:

10. If the provider disagrees with the second level appeal determination regarding a planned or rendered service, the provider may file a complaint with HMO Blue Texas at the following address:

**HMO Blue Texas Complaint Department
P.O. Box 90602
San Angelo, TX 76906**

Or the provider may contact HMO Blue Texas directly by phone at 1-888-322-2394 once the Davis Vision appeals process has been exhausted.