

## Member Appeal Authorization Requirements by Blue Plan

If you submit an appeal on behalf of a member, you need to submit pertinent medical records or other supporting documentation with the claim appeal request to help expedite the appeal review process. In addition, some states require a signed specialized member authorization form.

| Plan                                     | Is a signed member authorization form required to resolve claim appeals? If so, in what instances is it required?   | Is usage of a specific member authorization form required?  | Link   |
|--|---|---|--|
| Anthem, Inc.                             | Yes, anytime the provider is appealing on behalf of the member.   | No, as long as the written document submitted contains all the required information to designate a provider as an authorized representative.<br><br>While the specific form is not required, it's standardized format results in a faster and accurate determination. | <a href="#">Designation of Representative/Authorization Form</a> |
| Arkansas Blue Cross and Blue Shield      | <ul style="list-style-type: none"> <li>For our fully insured membership, we accept appeal requests from the member or provider. If the provider wants the appeal to be treated as an appeal on behalf of the member, a signed Designation of Authorized Representative Form should be included.</li> <li>For specific self-insured groups, only a member can appeal and a release from the member is required.</li> </ul> <p>The Walmart and Tyson accounts specifically require a designation form that the member gives the provider approval to request an appeal on their behalf.</p> | Yes   | <a href="#">Designation of Authorized Appeal Representative</a>  |
| HMO Partners (Arkansas)                  | Yes, anytime the provider is appealing on behalf of the member.<br><br>*This excludes our State and Public School Employees.  | Yes   | <a href="#">Designation of Authorized Appeal Representative</a>  |
| Blue Cross & Blue Shield of Rhode Island | No  | No  |  |

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| Blue Cross and Blue Shield of Alabama        | Yes, signed authorization is required anytime someone other than the member is requesting an appeal on the member's behalf.  | Yes  | <a href="#">Authorized Representative Form</a>   |
| Blue Cross and Blue Shield of Kansas         | Anytime someone other than the member wants to appeal on the patient's behalf; this includes providers.  | Yes  | <a href="#">Authorization of Representative</a>  |
| Blue Cross and Blue Shield of Kansas City    | Yes, for provider on behalf of member appeals.   | No   |  |
| Blue Cross and Blue Shield of Minnesota      | Yes, for all appeals.  | Yes  | <a href="#">Authorization for Disclosure of Health Information</a>   |
| Blue Cross and Blue Shield of Nebraska       | No   | No   |  |
| Blue Cross and Blue Shield of North Carolina | Yes, a signed member authorization form, in addition to a written appeal request, is required for all member appeals when someone other than the member wants to appeal on the member's behalf. This includes providers appealing on behalf of the member.   | Yes  | <a href="#">Member Appeal Authorization Form</a>   |
| Blue Cross and Blue Shield of South Carolina | No   | No   |  |
| Blue Cross and Blue Shield of Vermont        | No   | No   |  |
| Blue Cross Blue Shield of Hawaii             | Yes, provider on behalf of member appeals for non-Medicare Advantage Plans. For Medicare Advantage appeals, member authorization with the CMS 1696 form is required if other than member or treating physician, and for noncontracting provider claim appeals, a Waiver of Liability (WOL) form is required. | No, the member may authorize the provider in letter form.  | <a href="#">Authorized Representative Form</a><br><a href="#">Appointment of Medicare Representative</a><br><a href="#">Medicare Advantage Non-Contracted Provider Waiver of Liability Statement</a> |

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| Blue Cross Blue Shield of Massachusetts | No   | No   |   |
| Blue Cross Blue Shield of Michigan      | <p>Yes, If a member would like someone else to communicate with BCBSM and act on their behalf regarding an appeal, a completed "Designation of Authorized Representative for Appeal Form" should be included with their appeal request.</p> <p>An optional "Member Appeal Form" is available and can be used by itself with a formal letter of appeal.</p> | Yes, to designate someone (including their physician) to act on behalf of the member at any step of the grievance and appeals process.   | <a href="#">Designation of an Authorized Representative Form</a><br><br><a href="#">Member Appeal Form</a>                          |
| Blue Cross Blue Shield of North Dakota  | Yes, a member's authorization form is required if the Plan receives a provider on behalf of member or if the member's appeal is received from a person or entity other than the member or the member's authorized legal representative.  | <a href="#">No, however, there are specific criteria that is necessary for the authorization to be a valid authorization. The form must be valid by containing the core elements required under the Privacy Rule. See 45 CFR 164.508(b)(1) and 164.508(c)(1)(i). Code of Federal Regulations (govinfo.gov)</a> | <a href="#">Authorization to Disclose Health Information Form</a>   |
| BlueCross BlueShield of Tennessee       | Yes, if a provider is acting as a representative of the member, an authorization is required.  | No   |   |
| Capital Blue Cross                      | Yes, signed authorization is required any time someone other than the member is requesting an appeal on the member's behalf.   | Yes  | <a href="https://www.capbluecross.com/wps/portal/cap/home/find/form">https://www.capbluecross.com/wps/portal/cap/home/find/form</a> |
| Excellus BlueCross BlueShield           | For Medicare Advantage contracts, the member must sign a waiver of liability form. For all other appeals, a member authorization is not required.  | No   |   |

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| Florida Blue                    | Yes, we do have an appointment of representation form that is required for urgent and pre-service.                | Yes  | <a href="#">Appointment of Representative Form</a>               |
| Highmark Blue Cross Blue Shield | A signed member authorization form is needed on member appeals and provider on behalf of member appeals.          | Yes  | <a href="#">Designation of an Authorized Representative Form</a> |

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| Horizon Blue Cross Blue Shield of New Jersey | A signed member authorization is required ONLY if the member is authorizing the provider to speak on their behalf.   | No, any document where the member specifies that they are allowing the provider to speak on their behalf with the member's signature is appropriate. |   |
| Independence Blue Cross                      | Yes, when someone other than the member/patient is appealing on behalf of the member. Spouse, provider, parents for children over 18, for Dependent Children, 14 and over for Mental Health. | Yes  | <a href="#">Authorization to Disclose Health Information Form</a> |
| Premera Blue Cross                           | Yes, a signed member authorization is required for provider on behalf of member appeals. It is only required for member appeals if someone other than the member is appealing.               | Yes  | <a href="#">Member Appeal Authorization Form</a>                  |
| Premera Blue Cross Blue Shield of Alaska     |  |  | <a href="#">Member Appeal Authorization Form</a>                  |

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| Wellmark, Inc. | Yes, for provider on behalf of the member appeals   | Yes  | <a href="#">Personal Representative Appointment and Authorization to Release Protected Health Information Form</a> |