



APPEALS PROCESS NOTICE

If You are aggrieved by an action or decision of [ICHA], up to three levels of appeals may be pursued. The first two levels are internal appeal processes. The first internal appeal is to [ICHA]. The second internal appeal is to [ICHA's] Grievance Committee. The third level of appeal is an independent external review process. This independent external review process is available only for appeals regarding a Coverage Decision and may be used only after the completion of [ICHA's] internal appeal processes. An expedited review process is also available.

DEFINITIONS

Commissioner means the Iowa Commissioner of Insurance.

Coverage Decision means a final adverse decision based on medical necessity. This definition does not include a denial of coverage for a service or treatment specifically listed in the policy as excluded from coverage.

Independent Review Entity means a reviewer or entity, certified by the Commissioner pursuant to Iowa law, which includes such entities as medical peer review organizations and nationally recognized health experts or institutions.

You or Your means the person named as the Insured on the Policy Schedule. The definition of You or Your also includes your representative.

APPEALS PROCESS

First Level Appeal

You may request an appeal of an action or decision of [ICHA] within ninety (90) days of the event giving rise to the appeal. The appeal request should be submitted in writing to [ICHA] at the address and telephone number listed on Your coverage identification card. The request for an appeal should include:

- (a) a statement that this is a request for an appeal;
- (b) the name and relationship of the person making the appeal;
- (c) the reason for the appeal;
- (d) any information that might help resolve the issue;
- (e) the date of the service or claim; and
- (f) if possible, a copy of the Explanation of Benefits.

Within five (5) business days, [ICHA] will respond to the person in writing confirming receipt of the appeal request, the date it was received, the nature of the complaint, and the resolution requested.

You may submit additional information to [ICHA]. If [ICHA] requests additional information, and/or if outside medical consultation is needed, You will be informed of any resulting delay within ten (10) working days of the date [ICHA] received Your written request for review.

[ICHA] shall review all materials, make a decision, and respond to You in writing within thirty (30) days of receipt of the completed information needed to respond to the appeal.

[ICHA] will notify You of its decision in writing and provide information regarding any further appeal options. The written notice will explain the decision and any supporting coverage or clinical reasons for the decision and will specifically refer to any supporting documents. If [ICHA] fails to make its decision within thirty (30) days of receipt of the complete information needed to respond to the appeal, such failure is deemed to be an adverse decision and You may appeal to the next level.

First Level Expedited Review

If an appeal involves denial of coverage of a service and Your treating provider submits written notice to [ICHA] that delay would pose an imminent or serious threat to You, [ICHA] will provide its written decision within 72 hours of receipt of the appeal request.

Second Level Appeal

In any case where the First Level Appeal does not resolve a difference of opinion between You and [ICHA], written notification of a request for appeal to the Grievance Committee must be provided to [ICHA] within ninety (90) days of the date of an adverse decision.

Within five (5) business days, [ICHA] will respond in writing confirming receipt of the appeal request, the date it was received, the nature of the complaint and the resolution requested. Within two (2) business days of sending this notice, [ICHA] will forward the appeal, with all relevant information from its files, to the Grievance Committee.

The Grievance Committee will investigate the complaint, consider all information submitted, and make a decision within thirty (30) days of receipt of the complete information needed to respond to the appeal. The Grievance Committee may engage independent medical and legal experts to assist in this review process.

The Grievance Committee will notify You of its decision in writing and inform You of any further appeal options. The written notice will explain the decision and any supporting coverage or clinical reasons for the decision and will specifically refer to any supporting documents. If the Grievance Committee fails to make its decision within thirty (30) days of its receipt of the complete information needed to respond to the appeal, such failure is deemed to be an adverse decision and You may appeal to the next level.

Second Level Expedited Review

If an appeal involves denial of coverage of a service and Your treating provider submits written notice to [ICHA] that delay would pose an imminent or serious threat to You, the Grievance Committee will provide its written decision within 72 hours of receipt of the appeal request.

External Review Process

Request for External Review. Once all [ICHA] internal appeals processes have been exhausted, You or Your treating provider may file a written request for external review of a Coverage Decision. The request must be filed with the Iowa Insurance Division Commissioner within sixty (60) days of receipt of the final Coverage Decision. The request also must be accompanied with a \$25 fee.

Certification. Within two (2) business days from the receipt of a request to certify an external review, the Commissioner shall certify the request and notify You or Your treating provider and [ICHA] in writing of the certification if all the following criteria are satisfied:

- (a) You were covered by [ICHA] at the time the service or treatment was proposed or received;
- (b) You have been denied based on a determination by [ICHA] that the proposed or received service or treatment does not meet the definition of medical necessity as defined by the policy;
- (c) all internal appeal mechanisms provided under the policy have been exhausted; and
- (d) the written request for external review was filed within sixty (60) days of receipt of the Coverage Decision.

[ICHA'S] Right To Contest Certification Decision. [ICHA] has three (3) business days from the date of receipt to contest the certification decision. If the Commissioner finds that the request for external review is not eligible for certification, the Commissioner shall notify You or Your treating provider of the reasons for the ineligibility by facsimile within two (2) business days of the date of the request for certification. If the Commissioner finds that the request for external review is eligible for certification, the Commissioner shall promptly notify [ICHA] in writing of the reasons for upholding the certification.

[ICHA'S] Obligations in External Review. [ICHA] shall do the following within the later of either three (3) business days of receipt of an eligible request for external review from the Commissioner or three (3) business days of receipt of the Commissioner's denial of [ICHA's] contest of the certification:

- (a) Select an Independent Review Entity from the list certified by the Commissioner. The Independent Review Entity shall be an expert in the treatment of the medical condition under review.
- (b) Notify You and Your treating provider in writing of the name, address, and telephone number of the Independent Review Entity and of Your and Your treating provider's right to submit additional information.

- (c) Notify the selected Independent Review Entity by facsimile that [ICHA] has chosen it to conduct the independent review and provide sufficient descriptive information to identify the type of expert needed to conduct the review.
- (d) Provide the Commissioner by facsimile a copy of the notices sent to You and to the selected Independent Review Entity.

Independent Review Entity's Selection of Reviewer. Within three (3) business days of receipt of the notice of selection, the Independent Review Entity is required to:

- (a) select a person to perform the external review, and
- (b) provide a notice to You and [ICHA] which contains a brief description of the person who will perform the review and the reasons the person selected is an expert in the treatment of the medical condition under review.

Your Right to Object to Independent Review Entity or Reviewer. You or Your treating provider may object to the Independent Review Entity or to the person selected as the reviewer by notifying the Commissioner within ten (10) days of the mailing of the notice by the Independent Review Entity.

The Commissioner has two (2) business days from receipt of the objection to do the following:

- (a) consider the objection;
- (b) approve or deny the objection;
- (c) select a new Independent Review Entity if necessary; and
- (d) provide notice of the Commissioner's decision to You, Your treating health care provider, and to [ICHA].

[ICHA's] Production Requirements. [ICHA] has fifteen (15) days from the date of mailing the notice of the Independent Review Entity, or within three (3) business days of receipt of notice of the Commissioner following an objection by You, whichever is later, to do the following:

- (a) Provide to the Independent Review Entity any information submitted to [ICHA] by You or Your treating provider in support of the request for coverage of the service or treatment under these appeal procedures.
- (b) Provide to the Independent Review Entity any other relevant documents used by [ICHA] or the Administrator in determining whether the proposed service or treatment should have been provided.
- (c) Provide to the Commissioner a confirmation that the information has been provided to the Independent Review Entity, including the date it was provided.

Document Production. You or Your treating provider may provide to the Independent Review Entity any information submitted under [ICHA's] internal review process and other newly discovered relevant information. You have ten (10) business days from the mailing date of the notification of the person selected as the reviewer to provide this information. The Independent Review Entity may determine whether to consider information submitted after this ten-day (10-day) period.

Independent Review Entity's Request for Additional Information. Within five (5) business days of receipt of the documentation regarding the review, the Independent Review Entity is to notify You and Your treating provider of any additional medical information needed in order to conduct the review. Such additional information shall be provided within five (5) days of receipt of the notification requesting the additional information.

Independent Review Entity Decision. The Independent Review Entity is to submit its external review decision as soon as possible but no later than thirty (30) days from the date the Independent Review Entity received the information. The Independent Review Entity may, for good cause, request an extension of time from the Commissioner.

External Expedited Review

If an appeal involves a denial of coverage of a service based upon a medical necessity determination and Your treating provider states that delay would pose an imminent or serious threat to You, Your provider shall immediately contact [ICHA] for an expedited review.

Your treating health care provider and [ICHA] shall select, within 72 hours, an Independent Review Entity to conduct the external review. Your treating health care provider shall notify the Commissioner of the expedited review request following this agreement.

In the event that Your treating health care provider and [ICHA] cannot reach an agreement upon the selection of an Independent Review Entity, Your treating health care provider shall notify the Commissioner who will select the Independent Review Entity.

In the event that [ICHA] does not find that a delay would pose an imminent or serious threat to You, Your treating health care provider may ask the Commissioner to immediately review the request for certification as an expedited review. A review by the Commissioner under this circumstance shall stay the 72-hour expedited review time period.

[ICHA] and Your treating health care provider shall provide any additional medical information to the Independent Review Entity.

Final External Review Process Decisions

The review decision by the Independent Review Entity is binding on [ICHA]. You or Your treating provider may appeal an adverse review decision by the Independent Review Entity conducting the review by filing a petition in Polk County District Court or the District Court where You reside.