

## Iowa External Claim Review Information Packet

Please read this packet carefully. This packet contains important information about how to request an External Claim Review in the State of Iowa.

### I. External Review Process

#### A. Filing

You must send your request for External Review in writing to:

Name: Commissioner of Insurance  
Title: Iowa Division of Insurance  
Address: 330 Maple Street  
Des Moines, IA 50319-0065

#### B. Deadlines Applicable to the External Review Process

If you do not agree with a coverage or benefit determination, you or your doctor may file a written request for external review of that determination by the Iowa Insurance Commissioner. You have 60 days after you receive written notice from your insurer that your Final Appeal has been denied to request External Review. Your doctor does not have a duty to make this request on your behalf. Your request must be accompanied by a \$25.00 filing fee, but may be waived for good cause by the Insurance Commissioner. The filing fee will be refunded if you prevail in the External Review process.

##### 1. External Review

An expedited review will be conducted within 72 hours of notification to the Insurance Commissioner if your treating health care provider states that delay would impose an imminent or serious threat to you.

- a. Within three business days of receipt of an eligible request for external review which has been received from the Insurance Commissioner or within three business days of receipt of the Commissioner's denial of the insurer's contest of the certification your insurer will:
  - i. select an independent review entity from a list certified by the Insurance Commissioner;
  - ii. notify you and your treating doctor of the name, address and telephone number of the independent review entity and of the insured's and the treating doctor's right to submit additional information;
  - iii. notify the selected independent review entity by facsimile that the insurer has chosen it to do the independent review and provide sufficient descriptive information to identify the type of experts needed to conduct the review;
  - iv. provide to the Commissioner by facsimile a copy of the notices sent to you and to the selected independent review entity.
- b. The independent review entity, within three business days of receipt of the notice, will select a person to perform the external review and will provide notice to you of a brief description of the person including the reasons the person selected is an expert in the treatment of the medical condition under review. The independent review entity does not need to disclose the name of the person. A copy of the notice will be sent by facsimile to the Commissioner. If the independent review entity does not have a person who is an expert in the treatment of the medical condition under review, they may either decline the review request or may request from the Commissioner additional time to have such an expert certified. The independent review entity will notify the Commissioner by facsimile of its choice between these options within three business days of receipt of the notice from the insurer. The Commissioner will provide a notice to you and the insurer of the independent review entity's decision and of the Commissioner's decision as to how to proceed with the external review process within three business days of the independent review entity's decision.
- c. You or your treating doctor may object to the independent review entity selected by the insurer or to the person selected as the reviewer by the independent review entity by notifying the Commissioner and insurer within ten days of the mailing of the notice by the independent review entity. The Commissioner will have two business days from receipt of the objection to consider the reasons set forth in support of the

objection to approve or deny the objection, to select an independent review entity if necessary, and to provide notice of the Commissioner's decision to you, your treating doctor, and the insurer.

- d. Following an objection by you, your insurer will do all of the following within fifteen days of the mailing of the notice by the independent review entity, or within three business days of a receipt of notice by the Commissioner, whichever is later:
  - i. provide to the independent review entity any information submitted by you or your treating doctor in support of the request for coverage of a service or treatment under the insurer's appeal procedures;
  - ii. provide to the independent review entity any other relevant documents used by your insurer in determining whether the proposed service or treatment should have been provided.
  - iii. provide to the Commissioner a confirmation that the information required in paragraphs a. and b. has been provided to the independent review entity, including the date the information was provided.

## **2. Additional Information**

You, or your treating doctor, may provide to the independent review entity any information submitted under any internal appeal mechanisms under the insurer's evidence of coverage, and other newly discovered relevant information. You will have ten business days from the mailing date of the notification of the person selected as the reviewer by the independent review entity to provide this information. The independent review entity may reasonably decide whether to consider any information provided by you or your treating doctor after the ten day period.

The independent review entity shall notify you and your treating doctor of any additional medical information required to conduct the review within five business days. The requested information must be submitted within five days. The independent review entity may reasonably decide whether to consider any information provided by you or your treating doctor after the five day period. The independent review entity will notify the Commissioner and insurer of this request.

### **C. Decision**

The independent review entity will submit its external review decision as soon as possible, but not more than thirty days from the independent review entity's receipt of the request for review. The independent review entity for good cause, may request an extension of time from the Commissioner. The decision shall be mailed to you or your treating doctor acting on behalf of the insured and your insurer.

### **D. Judicial Review**

If you disagree with the final decision of the independent external review entity, you may appeal the decision by filing a petition for judicial review either in Polk County District Court or in the district court in which you reside within fifteen business days after issuance of a review decision. If your insurer disagrees with the final decision of the independent review entity, it may seek judicial review. However, your insurer must provide any service or pay any covered claim determined to be medically necessary by the independent review entity regardless of whether it elects to seek judicial review.

## **II. Obtaining Medical Records**

### **A. Requesting Medical Records**

You have the right to ask for a copy of medical records. Your request must be in writing. Your request must specify who you want to receive the records. The health care provider who has your records will provide you or the person you specified with a copy of your records.

### **B. Designated Decision Maker**

If you have a designated health care decision maker, that person must send a written request for access to or copies of your medical records. The medical records must be provided to your health care decision maker or a person designated in writing by your health care decision maker unless you limit access to your medical records only to yourself or your health care decision maker.

**C. Confidentiality**

The confidentiality of any medical records submitted will be maintained pursuant to applicable state and federal laws.

**III. Documentation**

If you decide to file a request for review, you must give the person who will be responsible for processing the review any material justification or documentation for the review at the time the review is filed. You must also give that person the address and phone number where you can be contacted.

**IV. Confidentiality**

If you participate in the review process, the relevant portions of your medical records may be disclosed only to people authorized to participate in the review process for the medical condition under review. These people may not disclose your medical information to any other person.

**V. Receipt of Documents**

Any written notice, acknowledgment, request, decision or other written document required to be mailed is deemed received by the person to whom the document is properly addressed on the fifth business day after being mailed. "Properly addressed" means your last known address.