

Texas 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 Texas.

I. Independent Review

A. Filing

Please send the IRO request form for Independent Review Organization Appeal to:

Name: Allied National, Inc.
Address: Attn: Claim Review
PO Box 29186
Shawnee Mission, KS 66201-9186
Phone: 800-825-7531
FAX: 913-945-4399

The medical release authorization portion of the IRO request form must be signed by you or your legal guardian before an IRO will be assigned.

B. Deadlines Applicable to the Independent Review Organization Appeal Process

1. Upon receipt of the completed form, the utilization review agent will notify the Texas Department of Insurance (TDI) of the request for independent review and complete the Request for IRO Assignment from the utilization review agent or insurer. This form provides certain information to TDI, including identification of information about the utilization review agent, your health care plan, and your health care provider of record.
2. Within one working day of receipt of the request, TDI must assign an IRO and notify the utilization review agent, insurer requesting the independent review, and the IRO of the assignment. TDI must also provide notification to the patient and the provider of record.
3. Not later than the third working day after the date that the utilization review agent or insurer receives a request for review, the utilization review agent or insurer will provide to the assigned IRO a copy of:
 - a. any of your medical records in the possession of the utilization review agent or insurer that are relevant to the review;
 - b. any documents used by the plan in making the determination to be reviewed by the organization;
 - c. the written notification to the appealing party of the determination of the appeal;
 - d. any documentation and written information submitted to the utilization review agent or insurer in support of the appeal; and
 - e. a list containing the name, address and phone number of each physician or health care provider who has provided care to you and who may have medical records relevant to the appeal.

C. Decision

1. Notification

The following will be notified of the IRO determination:

- a. you or a person acting on your behalf;
- b. your provider of record;
- c. the utilization review agent;
- d. the payor; and
- e. Texas Department of Insurance

Notification will include:

- a. the specific reasons, including the clinical basis, for the determination;
- b. a description and the source of the screening criteria that were utilized; and
- c. a description of the qualifications of the reviewing physician or provider.

2. Timeframes for making a determination

The notification must be mailed, or otherwise transmitted, not later than the earlier of the 15th day after the date the IRO receives the information necessary to make a determination, or the 20th day after the date the IRO receives the request for the independent review.

In the case of a life-threatening condition, notification is by telephone to be followed by facsimile, electronic mail, or other method of transmission not later than the earlier of the 5th day after the date the IRO receives the information necessary to make a determination, or the 8th day after the date the IRO receives the request for independent review.

3. Effect of determination

- a. The utilization review agent or insurer must comply with the IRO's determination with respect to the medical necessity or appropriateness of health care items and services for you.
- b. There is no right of appeal of the IRO's determination by either you or the utilization review agent or insurer.
- c. If the IRO upholds the determination by the utilization review agent or insurer, you may pursue the legal remedies available under Chapter 88 or the Civil Practice & Remedies Code.
- d. An IRO conducting an independent review is not liable for damages arising from the determination made by the IRO, unless an act or omission of the IRO is made in bad faith or involves gross negligence.

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

Medical Records disclosed under any State Regulations remain confidential.

III. Documentation

If you decide to request an independent 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.