Georgia External, Independent Claim Review Information Packet

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

I. External, Independent Review Process

A. Deadlines Applicable to the External, Independent Review Process

You have 30 days after you receive written notice from your insurer that your final claim review has been denied to request External, Independent Review.

1. Medical Necessity Issues

If the request for External, Independent Review involves an issue of medical necessity:

- i. Your insurer must, within five business days of the request, mail a written notice to your physician or treating provider of the request for External, Independent Review.
- ii. Your insurer must, within five business days of the request, choose one or more independent reviewers.
- iii. Your insurer must, within 30 days of the request, send the external independent reviewer(s) all relevant medical records and a description of the criteria used, the clinical reasons for that decision and any references to supporting documentation used by the insurer to make the decision.
- iv. Your insurer must, within 30 days of the request, send you and your physician or treating provider a notice of the decision of the external independent reviewer(s).

2. Coverage Issues

If your request involves an issue or question of whether your policy covers your request for a service or for payment of a claim your insurer must, within five business days of the request, mail a written notice to you and your physician or treating provider of the request for External, Independent Review.

B. Decision

Your insurer must provide any covered service or pay any covered claim determined to be medically necessary by the external independent reviewer(s).

C. Judicial Review

If you disagree with the final decision of the external independent reviewer(s), you may seek judicial review. If your insurer disagrees with the final decision of the external independent reviewer(s), it may seek judicial review. However, your insurer must provide any service or pay any covered claim determined to be medically necessary by the external independent reviewer(s) 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.

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C. Confidentiality

Medical Records disclosed under any State Regulations remain confidential.

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.

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