

Patient's Guide to External Review

You may have the right to have this denial reviewed. An Independent Review Organization would do that review. The review would cost you nothing.

To begin this review, contact Active Health Management. You must do this in writing.

Active Health Management
ATTN: Appeals Coordinator
PO Box 22138
Chantilly, VA 20153-1138

Please read the attached information.

If you have any questions, contact the Department of Insurance by writing or calling:

Consumer Services Division
South Carolina Department of Insurance
Post Office Box 100105
Columbia, South Carolina 29292-3105
(803) 737-6180
(800) 768-3467

Patient's Guide to External Review

You may have the right to ask for an external review if your health carrier denies service or payment for service. An Independent Review Organization (IRO) will look at that denial. The South Carolina Department of Insurance approves all IROs. You cannot ask for an external review if your plan does not cover the service. This guide is a summary of some of your rights. The Health Carrier External Review Act defines those rights.

Eligibility

You can have an external review only if you meet the following items:

- The service or payment for service was denied, reduced or terminated because:
 - the service does not meet Active Health's requirements for medical necessity, appropriateness, health care setting, level of care, or effectiveness; or
 - the service was experimental or investigational and involves a life-threatening or seriously disabling condition;
- The amount payable for covered benefits is at least \$500, and
- You have completed Active Health's internal appeals process.
 - You do not have to complete the internal appeals process if:
 - a. Your treating physician has certified in writing that you have a serious medical condition;
 - b. The service is experimental or investigational and your treating physician has provided the required certifications;
 - c. Active Health did not issue a written decision within the time frames set forth in the health carrier's internal appeals process. It must have received

all the information from you that it needs to complete the appeal. You or your authorized representative must not have agreed to a delay; or

d. The health carrier agrees to waive the internal appeals process.

- You always have to complete the internal appeals process if you have already received the service.

Types of External Reviews

There are two types of external reviews. The first is the standard external review. The second is the expedited external review. Expedited means "done quicker." You will find the procedures for requesting each type of review below. A list of helpful terms may be found at the end of this notice.

Standard External Review

You have only 60 days to ask for a standard external review. Your 60 days start when you receive written notice of denial from Active Health.

1. You or someone acting for you must:
 - Notify Active Health that you are asking for a standard external review. You must do this in writing;
 - If Active Health said the treatment was "experimental" or "investigational," enclose a letter or certificate from your treating physician. See "Requirements for Physician's Certificate" at the end of this notice; and
 - Enclose a signed Medical Records Release form. This allows Active Health to give your records to the IRO.
2. Active Health will:
 - Assign your request to an IRO;
 - Send the IRO copies of the information it used to deny the service;
 - Send you a notice that it took these actions;
 - Or tell you why you will not get an external review. If you have any questions, contact the South Carolina Department of Insurance.

Active Health must do all these things within five working days of receiving your request.

3. Within five working days of receiving your case, the IRO must:
 - Decide if it has all the information it needs to review the case.
 - Notify you if it needs more information. The IRO will tell you exactly what it needs. You must return this information to the IRO. You have seven working days after you receive the notice from the IRO to do this.

The IRO must notify you and the health carrier within 45 days of its decision.

Expedited External Review

You have only 15 days to ask for an expedited external review. Your 15 days start when you receive written notice of denial from Active Health. You can have an expedited external review:

- if your treating physician certifies that you have a serious medical condition which requires immediate treatment; or
 - you received emergency medical care, have not been discharged from a facility, and may be held financially responsible for the emergency medical care.
1. You or someone acting for you must:
 - Notify Active Health that you are asking for an expedited external review. You must do this in writing;
 - Enclose a letter or certificate from your treating physician. This letter or certificate must state that you have a serious medical condition;
 - If Active Health said the treatment was "experimental" or "investigational," your treating physician has to say more things. See "Requirements for Physician's Certificate" at the end of this notice; and
 - Enclose a signed Medical Records Release form. This allows your health carrier to give your records to the IRO.
 2. Active Health will:
 - Assign your request to an IRO;
 - Send the IRO copies of the information it used to deny the service;
 - Send you a notice that it took these actions;
 - Or tell you why you will not get an external review. If you have any questions, contact the South Carolina Department of Insurance.

Active Health must do all these things as quickly as possible.

The IRO must notify you and the health carrier within three working days of its decision.

Understanding the Results of the Review

If the IRO finds in your favor, your health carrier must approve the covered benefit. If the IRO does not find in your favor, you cannot request another review for the same denial.

Requirements for Physician's Certificate

Give this to your treating physician if:

- you have a serious medical condition; or
- the health carrier denied the service or payment for service because it was experimental or investigational.

The information below tells your treating physician what must be included on this certificate. It also tells when the certificate is needed. The certificate must be sent to your health carrier.

Standard External Review

If the denial of coverage is based on a determination that the health care service or treatment recommended or requested is experimental or investigational, the request for review must include a certification from the covered person's treating physician who must be a licensed physician qualified to practice in the area of medicine appropriate to treat the covered person's condition and state that:

- (a) the covered person has a life-threatening disease or seriously disabling condition;
and
- (b) at least one of the following situations is applicable:
 - (i) standard health care services or treatments have not been effective in improving the condition of the covered person;
 - (ii) standard health care services or treatments are not medically appropriate for the covered person; *or*
 - (iii) the recommended or requested service or treatment is more beneficial than the standard health care service or treatment covered by the health carrier;
and
- (c) medical and scientific evidence using accepted protocols demonstrate that the health care service or treatment requested by the covered person that is the subject of the adverse determination or final adverse determination is more beneficial to the covered person than available standard health care services or treatments and the adverse risks of the recommended or requested health care service or treatment would not be substantially increased over those of the standard services or treatments.

Expedited External Review

- Your treating physician must certify that your health condition or illness requires immediate medical attention, where failure to provide immediate medical attention would result in a serious impairment to bodily functions, serious dysfunction of a bodily organ or part, or would place your health in serious jeopardy.

- If your health carrier said the treatment was experimental or investigational, the treating physician must give an additional certification. This certification must be from the covered person's treating physician who must be a licensed physician qualified to practice in the area of medicine appropriate to treat the covered person's condition and state that:

- (a) the covered person has a life-threatening disease or seriously disabling condition;
and
- (b) at least one of the following situations is applicable:
 - (i) standard health care services or treatments have not been effective in improving the condition of the covered person;
 - (ii) standard health care services or treatments are not medically appropriate for the covered person; *or*
 - (iii) the recommended or requested service or treatment is more beneficial than the standard health care service or treatment covered by the health carrier; and

(c) medical and scientific evidence using accepted protocols demonstrate that the health care service or treatment requested by the covered person that is the subject of the adverse determination or final adverse determination is more beneficial to the covered person than available standard health care services or treatments and the adverse risks of the recommended or requested health care service or treatment would not be substantially increased over those of the standard services or treatments.

Helpful Terms

Life-threatening condition or disease means a condition or disease which, according to the current diagnosis by the treating physician, has a high probability of causing the person's death within three years.

Serious medical condition means a health condition or illness that requires immediate medical attention, where failure to provide immediate medical attention would result in a serious impairment to bodily functions, serious dysfunction of a bodily organ or part, or would place the person's health in serious jeopardy.

Seriously disabling means a health condition or illness that involves a serious impairment to bodily functions or serious dysfunction of a bodily organ or part.

If you have any questions, contact the Department of Insurance by writing or calling:

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South Carolina Department of Insurance
Post Office Box 100105
Columbia, South Carolina 29202-3105
(803) 737-6180
(800) 768-3467

Medical Records Release

(1) (Name of provider and/or health carrier) _____ can disclose the following information from the health records of:

Patient Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ ID Number: _____

The records cover the period(s) of health care related to this request for external review.

(2) Information to be disclosed:

Health information, including medical records, relating to this request for external review.

I understand that this may include information relating to (check if any apply):

- AIDS (Acquired Immunodeficiency Syndrome) or HIV(Human Immunodeficiency Virus) Infection
- Psychiatric Care
- Treatment for alcohol and/or drug abuse

(3) This information will be disclosed to the Independent Review Organization (IRO). This information will only be used for this external review.

(4) I can withdraw this release at any time. I must do that in writing. I understand that information may already have been disclosed. Without these records, the covered person will not get an external review. Otherwise, this release will end when the external review ends.

Signature of Patient _____ Date: _____

or Legal Representative _____ Date: _____

If the covered person has any questions, contact the South Carolina Department of Insurance by writing or calling: Consumer Services Division, South Carolina Department of Insurance, Post Office Box 100105, Columbia, South Carolina 29202-3105, (803) 737-6180 or 1-800-768-3467.

Treating Physician Certification Form for an External Review

Note to the Treating Physician: Covered Persons may request an external review when a health plan issuer has denied a health care service or course of treatment. Expedited appeals are only available under the circumstances shown below. This form is for the purpose of providing the certification necessary to obtain an expedited appeal or review. Please complete the General Information section along with the appropriate certification and return the form to Active Health Management, Inc. at any of the addresses shown below:

Fax Number: 1-855-231-1218

Mailing Address: Active Health Management
ATTN: Appeals
PO Box 221138
Chantilly, VA 20153-1138

General Information

Name of Covered Person/Patient:

Covered Person's Health Plan ID Number:

Name of Treating Physician:

Licensure and Area of Clinical Specialty:

Mailing Address:

Phone Number:

Email Address:

Fax Number:

Contact Person:

Phone Number:

Expedited External Review Certification

I hereby certify that I am a treating physician for _____ (hereafter referred to as "the covered person"); that adherence to the time frame for conducting a standard external review would, in my professional judgment, seriously jeopardize the life or health of the covered person or would jeopardize the covered person's ability to regain maximum function; and that, for this reason, the covered person's external review should be processed on an expedited basis.

Treating Physician Printed Name: _____

Signature

Date

Physician Certification for Experimental/Investigational Denial Determinations

Note to the Treating Physician: Covered Persons may request an external review when a health plan issuer has denied a health care service or course of treatment that is considered experimental or investigational and is NOT explicitly listed as an excluded benefit under the covered person’s health benefit plan. This form is for the purpose of providing the certification necessary to obtain a review. Please complete the entire form, including the certification, and return the executed form to Active Health Management, Inc. at any address or fax number shown below.

Fax Number: 1-855-231-1218

Mailing Address: Active Health Management
ATTN: Appeals
PO Box 221138
Chantilly, VA 20153-1138

General Information

Name of Covered Person/Patient:

Covered Person’s Health Plan ID Number:

Name of Treating Physician:

Licensure and Area of Clinical Specialty:

Mailing Address:

Phone Number:

Email Address:

Fax Number:

Contact Person:

Phone Number:

I hereby certify that I am a treating physician for _____ (hereafter referred to as “the covered person”); and that I have requested the authorization for a drug, device, procedure or therapy denied for coverage due to the health plan issuer’s determination that the proposed therapy is experimental and/or investigational. I understand that in order for the covered person to obtain the right to an external review of this denial, as treating physician I must certify that the covered person’s medical condition meets certain requirements:

In my medical opinion as the covered person’s treating physician, I hereby certify to the following: (Please check all that apply)

Standard health care services have not been effective in improving the condition of the covered person and there is no available standard health care service covered by the health plan that is more beneficial than the requested health care service

Standard health care services are not medically appropriate for the covered person

The recommended or requested health care service or treatment would be significantly less effective if not promptly initiated.

Please provide a description of the recommended or requested health care service or treatment that is the subject of the adverse benefit determination. Please include any documentation that will be beneficial to the review process. Please attach additional sheets as necessary.

Treating Physician Printed Name: _____

Signature

Date