

**January 2010**

## **Appeal Overview**

### **GRIEVANCE AND INDEPENDENT REVIEW PROCESSES FOR MEMBERS**

Situations might occasionally arise when you question or are unhappy with some aspect of the service you received through Physicians Plus. Since most questions about benefits and plan operations can normally be resolved on an informal basis, we encourage you to first try and resolve the problem with the appropriate physician, staff member or by calling our Member Service department at (608) 282-8900 or (800) 545-5015. Your complaint will be documented and investigated. If your complaint is not resolved to your satisfaction, you or an authorized representative may file a grievance with Physicians Plus.

#### **GENERAL GRIEVANCE PROCESS**

Grievance means any dissatisfaction with services provided by, or claims practices of, Physicians Plus that is expressed in writing to Physicians Plus by or on behalf of you. If you want to submit a grievance, please do so in writing, along with any pertinent documentation, to the Grievance administrator at the address above.

Except for an expedited grievance (described below), Physicians Plus will acknowledge receipt of your grievance within five business days of receipt. Our acknowledgement letter will inform you of when your grievance will be heard by the Grievance Committee (which will be at least seven days after the date of our acknowledgment letter).

You (or your authorized representative) have the right to participate in the Grievance Committee meeting in person or via teleconference to present written and/or oral information. If you choose to participate (or have your authorized representative participate) in the Grievance Committee meeting, you must notify Physicians Plus no less than four business days prior to the date of the hearing.

Typically within 30 days of our receipt of your grievance, Physicians Plus will notify you in writing of the decision made by the Physicians Plus Grievance Committee. In some situations Physicians Plus may need additional information and/or time to make a decision. In those cases, before the 30-calendar day period has expired, Physicians Plus will notify you that an additional 30 calendar days will be needed to render a decision. The Grievance Committee's decision will inform you of the disposition of your grievance and of any corrective action taken on your grievance.

If a person is acting as your authorized representative in the grievance process, Physicians Plus may require written evidence of the representative's authority to act on your behalf.

#### **EXPEDITED GRIEVANCE**

If you have an "expedited grievance," Physicians Plus will resolve that grievance as expeditiously as your health condition requires but not more than 72 hours after Physicians Plus' receipt of the grievance. An "expedited grievance" means a grievance where any of the following applies:

1. The duration of the standard grievance process will result in serious jeopardy to your life or health or your ability to regain maximum function;
2. In the opinion of a physician with knowledge of your medical condition, you are subject to severe pain that cannot be adequately managed without the care or treatment that is the subject of the grievance; or
3. A physician with knowledge of your medical condition determines that the grievance shall be treated as an expedited grievance.

When you need to request review of an expedited grievance: (a) prominently identify your written grievance as an "EXPEDITED GRIEVANCE" and (b) immediately contact (or have your physician immediately contact) Physicians Plus at (608) 282-8900 or (800) 545-5015. The Grievance Committee may not formally meet to review expedited grievances.

## INDEPENDENT REVIEW PROCESS

### What is an Independent Review?

The independent review process gives you the opportunity to have medical professionals that have no connection to Physicians Plus review your dispute of an “Adverse Determination” or “Experimental Treatment Determination” (defined below). The dispute must involve a medical judgment. You can request an independent review whenever Physicians Plus denies you coverage for treatment because we maintain that the treatment is not medically necessary or that it is experimental, including a denial of your request for out-of-network services when you believe that the clinical expertise of the out-of-network provider is medically necessary. The treatment must otherwise be a covered benefit under your insurance policy. Also, the total cost of the denied coverage must exceed \$296.00 (this amount is set the Wisconsin Statute annually)..

You will choose the Independent Review Organization (IRO) from a list of review organizations certified by the Office of the Commissioner of Insurance for the State of Wisconsin (OCI) (see below). The IRO assigns your dispute to a clinical peer reviewer who is an expert in the treatment of your medical condition. The IRO has the authority to determine whether Physicians Plus should cover the treatment and/or services. Pursuant to Section 632.835(3) (f) of the Wisconsin Statutes, the IRO’s decision is final and binding on you and Physicians Plus.

*Adverse Determination* means a determination by or on behalf of Physicians Plus to which all of the following apply:

1. An admission to a health care facility, the availability of care, the continued stay, or a treatment that is a covered benefit has been reviewed and denied;
2. Based on the information provided, we have determined that the treatment or care does not meet the requirements of your health plan benefit for medical necessity, medical appropriateness, proper health care setting, level of care, or effectiveness of care;
3. Based on the information provided, we reduced, denied, or terminated the treatment or care or the payment for the treatment or care;
4. The amount of the reduction or the cost or expected cost of the denied or terminated treatment or care, or course of treatment or care will exceed \$296.00; and
5. The reduction, denial or termination has been through all levels of the Physicians Plus Grievance Process, except if the criteria for an Expedited Independent Review is satisfied (see “Expedited Independent Review” below).

*Experimental Treatment Determination* means a determination by or on behalf of Physicians Plus to which all of the following criteria apply:

1. A proposed treatment has been reviewed;
2. Based on the information provided, the proposed treatment is determined to be experimental according to the terms of your health benefit plan;
3. Based on the information provided, we denied the proposed treatment or payment for the proposed treatment;
4. The cost or the expected cost of the denied treatment or payment will exceed \$296.00; and
5. The denial of the proposed treatment has been through all levels of the Physicians Plus Grievance Process, except if the criteria for an Expedited Independent Review is satisfied (see “Expedited Independent Review” below).

### When can I request an Independent Review?

When we make an Adverse Determination or an Experimental Treatment Determination and the cost of the denied coverage exceeds \$296.00, you are entitled to an independent review. Generally, you must first exhaust the Physicians Plus Grievance Process. You must request the independent review within four months after receiving notice of the later of an Adverse Determination, Experimental Treatment Determination, or grievance denial.

*Please Note: Expedited Independent Review*—you may qualify for an expedited independent review if you meet the following criteria. Under Section 632.835(2) (d) of the Wisconsin Statutes, if either of the following conditions applies, you will not have to exhaust the Physicians Plus Grievance Process before you are entitled to the independent review process:

1. You (or your authorized representative) and Physicians Plus agree that the appeal should proceed directly to independent review; or
2. The IRO determines that your health condition is such that requiring you to first complete the Physicians Plus Grievance Process would jeopardize your life or health or your ability to regain maximum function.

If you wish to request an independent review under this second criterion, you should submit your request to the IRO selected by you, and you must send a notice of your request to Physicians Plus at the same time.

### **How do I request an Independent Review?**

When requesting an independent review, you or your authorized representative(s) must send to Physicians Plus a written request for the independent review. You must send your request within 4 months after receiving notice of the later of an Adverse Determination, Experimental Treatment Determination, or grievance denial. Your request must be in writing and:

1. Identify your name and member number, dates of service, provider of service and any other pertinent information used to identify the issue;
2. Identify the name and address of the IRO that you have selected (a list of review organizations, certified by OCI, is available from OCI and Physicians Plus); and

The IRO will make a determination within 30 days (or, in the case of an Expedited Independent Review, within 72 hours of receiving all information it needs) and notify the member and Physicians Plus. If the IRO determines that the review is not related to an Adverse Determination or Experimental Treatment, the IRO will provide the member, Physicians Plus, and OCI with written notification within 2 days of receiving the request for review.

### **OFFICE OF THE COMMISSIONER OF INSURANCE**

You may resolve your concern by taking the steps outlined above. You may also contact the Office of the Commissioner of Insurance, a state agency that enforces Wisconsin insurance laws, and file a complaint. You may contact the Office of the Commissioner of Insurance by writing to:

Office of the Commissioner of Insurance  
Complaints Department  
125 South Webster Street  
PO Box 7873  
Madison, WI 53707-7873

You may call (608) 266-0103 in Madison or (800) 236-8517 outside of Madison to request a complaint form.

### **EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA)**

You also may have a right to bring a civil action under ERISA 502(a) if you file an appeal and your request for coverage or benefits is denied following review. ERISA has established timelines that limit filing an appeal. Appeals must be filed no more than 180 days from the date of the initial denial. Please contact your employer for more information on your rights under ERISA (ERISA does not apply to State, ETF or Non-Group plans including Medicare Supplement).

The following organizations, listed in alphabetical order, have been certified as independent review organizations in Wisconsin:

Name/Address	Phone/Fax	Types of Reviews	Comments
<b>IPRO</b> 1979 Marcus Ave. Lake Success, NY 11042-1002 www.ipro.org	800-227-3143 516-326-1034 (fax)	Comprehensive All specialties available	Certified 5/19/03 No conflicts of interest reported  Contact: Terese Giorgio, ext. 223 or Charles Scott Smith, ext. 544
<b>MAXIMUS - Center for Health Dispute Resolution</b> Eastgate Square 50 Square Dr Ste 210 Victor NY 14564-1099 www.healthappeal.com	866-763-6395 585-425-5296 (fax)	Comprehensive All specialties available	Certified 10/01/02 No significant conflicts of interest reported  Contact: Lisa Maguire, Esq. or Dolores Christensen  Cover page should specify: <b>Not a Medicare Appeal</b>
<b>MCMC LLC</b> 5272 River Rd. Ste. 650 Bethesda, MD 20816-1405 www.mcmcllc.com	888-313-6267 301-652-1250 (fax)	Comprehensive All specialties available	Certified 9/8/06 No significant conflicts of interest reported  Contact: Cindy Liu, 301-652-1818
<b>Medical Review Institute of America</b> 2875 S. Decker Lake Dr. Ste. 550 PO Box 25547 Salt Lake City, UT 84125-0547 www.mrioa.com	800-654-2422 801-261-3189 (fax)	Comprehensive All specialties available	Certified 3/29/02 No significant conflicts of interest reported  Contact: Laura Daley, ext. 415
<b>National Medical Reviews, Inc.</b> 8 Neshaminy Interplex Ste. 207 Treose, PA 19053 www.nmrusa.com	800-283-8196 215-352-7801 (fax)	Comprehensive All specialties available	Certified 7/20/09 No significant conflicts of interest reported  Contact: Elaine Nace, Esq., ext. 106
<b>Permedion</b> 350 Worthington Rd. Ste. H Westerville, OH 43082-8325 www.permedion.com	800-473-0802 614-895-6784 (fax)	Comprehensive All specialties available	Certified 3/29/02 No conflicts of interest reported  Contact: Sue Butterfield, ext. 3428

<p><b>Prest &amp; Associates</b> 2712 Marshall Court, Ste. 1 Madison, WI 53705 www.prestmds.com</p>	<p>800-358-5129 608-232-9929 (fax)</p>	<p>Limited to: Psychiatry, Behavioral Health &amp; Addictions Medicine</p>	<p>Certified 5/19/03 Reported conflicts of interest: Aetna US Healthcare; Anthem Behavioral Health/Blue Cross Blue Shield WI; United Behavioral Health</p> <p>Contact: Susan Prest or Jay Story</p>
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