

Appeals & External Reviews

Quick Facts and Information for Granite Staters



Appeals & External Reviews Overview:

You have a right to appeal an adverse decision by your insurance company. An adverse decision may include the denial of a claim, a medically necessary treatment, a referral to a specialist, or enrollment in a plan.

WHAT ARE THE DIFFERENT TYPES OF APPEALS?

There are two basic types of appeals:

- **Coverage Appeals:** If you are covered by a health insurance plan and your health insurance company denies a claim or authorization for treatment, you have a right to appeal the decision.
- **Eligibility and Enrollment Appeals:** If you are trying to enroll in a health insurance plan and you are denied coverage, you have the right to appeal.

WHAT IS THE PROCESS FOR A COVERAGE APPEAL?

The appeal process includes two types of reviews:

1. Internal Appeal:

You have 180 days from the date of the denial to initiate this appeal. To file an internal appeal, contact your insurance company by calling the number on the back of your insurance card. Individual plans allow for one level of internal appeal and group plans allow for two levels. See your policy or certificate for details.

2. External Appeal:

If a service or course of treatment is denied on the basis of not being medically necessary, you are entitled to request an external review. You are not eligible for external review if you are denied for a service not covered under your plan. You have 180 days from the date of the denial to request an external appeal. If you are covered under an insured plan you can request an external appeal through the NHID, which you can download from the NHID website at: https://www.nh.gov/insurance/consumers/documents/ex_rev_app.pdf. If your group plan is self-funded by your employer, you should contact your human resource department.



Insurance Benefit System
Administrators
Attn: Internal Claim Reviews
PO Box 2917
Shawnee Mission, KS 66201-1317

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HOW LONG DOES THE APPEALS PROCESS TAKE?

The amount of time varies depending on the type of appeal you're requesting:

- **Internal appeals** are generally completed within 30 days of the request. For urgent review, you may request an expedited appeal, the decision must be issued within 72 hours.
- **External appeals** may take more time. For non-urgent review, a decision is usually issued within 60 days. For urgent, expedited external appeals, a decision must be issued within 72 hours.

I have more questions. *Who can help me?*

CONTACT YOUR HEALTH INSURANCE COMPANY.

You'll find their phone number on the back of your insurance card or visit their website.

CONTACT THE NH INSURANCE DEPARTMENT CONSUMER SERVICES DEPARTMENT.

- (603) 271-2261
- (800) 852-3416
- (800) 735-2964 (TTY/RDD Relay Services)
- consumerservices@ins.nh.gov
- www.NH.gov/insurance

This document is for informational purposes only. While the New Hampshire Insurance Department has made every effort to provide accurate information, some information has been generalized. Please contact your health insurance company to obtain specific information about your policy.

