

HOW TO APPEAL AN ADVERSE BENEFIT DETERMINATION

Claim Inquiries: Please contact Insurance Benefit System Administrators' Customer Service department at **1-800-650-1745** with any questions about the processing of your claim, including coverage and benefit determinations and Claim Reviews.

Internal Claim Review: If you disagree with a coverage or benefit determination, you have the **RIGHT TO APPEAL** that determination by requesting an Internal Claim Review within **180 CALENDAR DAYS** from the date you received the coverage or benefit determination. Only one (1) Internal Claim Review is available per claim. An Internal Claim Review determination acts as a Final Internal Adverse Benefit Determination.

Internal Claim Review Instructions and Procedures:

1. To request an Internal Claim Review, please:
 - a. State your request for an Internal Claim Review in writing, include your full name, date of birth and certificate number, identify the claim in question, and explain why you disagree with the determination. You may also submit any additional written comments, documents, records or other information relating to the claim.
 - b. Sign and date your written request and attach all supporting documentation.
 - c. Mail the written request and attachments to the following address, **within the 180-day deadline stated above:**

**Insurance Benefit System Administrators, Attn: Internal Claim Reviews,
PO Box 2917, Shawnee Mission, KS 66201-1317**
2. Upon request and at no charge, you may have reasonable access (including copies) to the claim file, including all documents, records and information submitted to our office that relate to your claim.
3. The Internal Claim Review will take into account all written comments, documents, records and other information submitted to our office that relate to your claim, including comments, documents, records or other information not previously considered or submitted at the time the claim was processed.
4. Copies of any clinical rationale or review criteria and any new or additional evidence which the Internal Claim Review considers, relies upon or generates will be included with our written determination, free of charge.
5. The Internal Claim Review will be a "fresh" look at your claim, ignoring the appealed determination. It will be conducted by a person not involved in the appealed determination, not currently supervised by someone involved in that determination, and whose terms of employment are not based on the likelihood of upholding that determination.
6. If the appealed determination is based on a medical judgment (in whole or in part), the Internal Claim Review will include consultation with a health care professional, trained and experienced in the medical field relevant to the determination, not involved in the appealed determination, not currently supervised by someone involved in that determination and whose terms of employment are not based on the likelihood of upholding that determination.
7. You, your doctor or your authorized representative may request an Internal Claim Review and you may be represented by a relative, friend, lawyer or other authorized representative.
8. You may present evidence and testimony by submitting written comments, documents, records or other information relating to the claim. Hearings, panel reviews or other formal in-person proceedings are not conducted.
9. Within 5 business days of receiving your written request, our office will mail a written acknowledgement to you.
10. Within 30 calendar days of receiving your written request, our office will mail a written determination to you.

Optional Second Internal Review: If you disagree with the Internal Claim Review, you may go directly to External Review (if available, see below) or request an optional Second Internal Review. A written request for a Second Internal Review must be submitted to our office within 180 CALENDAR DAYS [six (6) months] from the date you received the determination for the initial Internal Claim Review. Please refer to the Internal Claim Review Instructions and Procedures stated above for completing and submitting a written request for a Second Internal Review. Only one (1) Second Internal Review is available per claim. A Second Internal Review is completely voluntary and not required to exhaust your rights of appeal under your health plan coverage.

External Review: You may have a right to External Review of your claim if:

1. You disagree with the Internal Claim Review (or the optional Second Internal Review, if one was requested); and
2. Your claim is eligible for Independent or External Review by an Independent Review Organization (IRO) under applicable law (including, but not limited to, medical judgment determinations such as medical necessity, appropriateness, health care setting, level of care or effectiveness).

Please refer to the External Review Instructions below for submitting a written request. Only one (1) External Review is available per claim. External Review is provided at no charge to you (some states may charge a small processing fee) and acts as a Final External Review Decision.

External Review Instructions: If External Review is available for your claim, an application packet will be enclosed with the determination for the Internal Claim Review. To request External Review, please follow the instructions contained in the packet and mail the application within 120 CALENDAR DAYS [four (4) months] from the date you received the determination for the Internal Claim Review (or the Second Internal Review, if one was requested).

State Assistance: You also have the right to request assistance from, or to file a complaint with, the Department of Insurance (DOI) or Consumer Services Division (CSD) for your state of residence (or employment), at any time. Please note the following contact information:

CA: CSD, 980 9th St., S. 500, Sacramento, CA 95814, <http://www.healthhelp.ca.gov>, 888-466-2219, helpline@dmhc.ca.gov

CO: DOI, 1560 Broadway, S. 850, Denver, CO 80202, <http://www.dora.state.co.us/insurance>, 800-930-3745

GA: CSD, 2 MLK, Jr. Dr., W. Tr., S. 716, Atlanta, GA 30334, <http://www.oci.ga.gov/consumerservice/home.aspx>, 800-656-2298

IL: CSD, 320 W. Washington St., 4th Fl., Springfield, IL 62727, <http://www.insurance.illinois.gov>, 877-527-9431

IN: DOI, 311 W. Washington St., S. 300, Indianapolis, IN 46204-2787, <http://www.in.gov/idoi>, 800-622-4461

IA: CSD, 330 Maple St., Des Moines, IA 50319, <http://www.insuranceca.iowa.gov>, 877-955-1212

KS: CSD, 420 SW 9th St., Topeka, KS 66612, <http://www.ksinsurance.org>, 800-432-2484, CAP@ksinsurance.org

MO: CSD, 301 W. High St., Rm. 830, Jefferson City, MO 65101, www.insurance.mo.gov, 800-726-7390

NE: DOI, 941 O St., S. 400, Lincoln, NE 68508-3639, <http://www.doi.ne.gov/>, 877-564-7323

NV: CSD, 555 E. Washington Ave., S. 4800, Las Vegas, NV 89101, <http://www.govcha.state.nv.us>, 888-333-1597

OH: DOI, 50 W. Town St., 3rd Fl., S. 300, Columbus, OH 43215, <http://www.ohioinsurance.gov/>, 800-686-1526

OK: CSD, 3625 NW 56th St, S 100, OK City, OK 73112, <http://oid.ok.gov/>, 800-522-0071

PA: CSD, 1326 Strawberry Square, Harrisburg, PA 17111, www.insurance.pa.gov, 877-881-6388

TN: CSD, 500 James Robertson Pkwy, DC Tr, 4th Fl, Nashville, TN 37243, www.tn.gov/commerce/insurance, 800-342-4029

TX: CSD, MC 111-1A, 333 Guadalupe, Austin, TX 78714, www.texashealthoptions.com, 855-839-2427, chap@tdi.state.tx.us

VA: CSD, P.O. Box 1157, Richmond, VA 23218, <http://www.scc.virginia.gov/boi>, 877-310-6560

Plan Assistance: To request assistance from or file a complaint with the Plan, please note the following contact information:

**Insurance Benefit System Administrators, P.O. Box 2943, Shawnee Mission, KS 66201-1343,
www.ibsadmin.com, 800-650-1745**

Judicial Review: If you exhaust all administrative rights of appeal under your Group Health Plan, you have the right to bring a civil action under Section 502(a) of ERISA. The time limitations stated in your Plan SPD for bringing legal actions or proceedings apply to any such civil action.