



## APPEALS PROCESS NOTICE

### INTERNAL APPEAL PROCESS

If you wish to appeal an adverse decision, our internal appeal process involves two levels:

#### **First Level Appeal (Standard Review)**

A **First Level Appeal** will be reviewed by a medical doctor in the same or similar specialty that normally handles this type of case. All medical information submitted will be reviewed and the specialist will speak with your attending physician. You or your provider may submit additional written materials to NHHP at the address shown at the end of this notice. A decision will then be rendered and you will be notified.

You or your representative may also submit a grievance concerning any matter other than an adverse determination. A written decision will be issued to you or your representative within 20 business days after receiving a grievance and all information necessary for the review of the grievance. The person or persons reviewing the grievance will not be the same person or persons who made the initial decision or handled the matter that is the subject of the grievance. If a decision cannot be made within 20 business days due to circumstances beyond NHHP's control, NHHP may take up to an additional 10 business days to issue a written decision.

#### **Second Level Appeal (Standard Review)**

In any case where the First Level Appeal review process does not resolve a difference of opinion between you or your provider and NHHP, you or your provider may submit a grievance in writing or by telephone (unless the provider is prohibited from filing a grievance by federal or other state law). NHHP will review it as a **Second Level Appeal**.

- The second level appeal review panel will be established to give those who are dissatisfied with the first level appeal review decision the option to request a second level review. A majority of the panel will be comprised of persons who were not previously involved in the grievance. NHHP will provide at least one clinical peer who has the appropriate expertise to review a grievance involving an adverse determination.
- The review panel will issue a written decision to you within 5 business days of completing the review meeting. Upon your concurrence, a copy of the decision will be forwarded to the Insurance Department.

If you should choose to appear in person before authorized representatives of NHHP, the procedures for conducting a second level appeal review are as follows:

- The review panel will schedule and hold a review meeting within 45 business days of receiving your request for a second level review. You will be notified in writing at least 15 business days in advance of the review date.
- At your request, NHHP will provide you with all the relevant information that is not confidential or privileged.
- The review panel will issue a written decision to you within 5 business days of completing the review meeting.

#### **First Level Appeal (Expedited Review)**

NHHP will establish written procedures for the expedited review of a grievance in a situation where the time frame of the standard grievance procedures would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function.

- Expedited reviews will be evaluated by an appropriate clinical peer or peers in the same or similar specialty as would typically manage the case being reviewed. The clinical peer or peers will not have been involved in the initial adverse determination.
- NHHP will provide expedited review to all requests concerning an admission, availability of care, continued stay or health care service if you have received emergency services but have not been discharged from a facility. Adverse determinations made on a retrospective basis may only be appealed through the standard grievance process. All necessary information, including NHHP's decision will be transmitted to you or your physician by NHHP via telephone, facsimile or the most expeditious method available.

- NHHP will make a decision and notify the covered person as expeditiously as your medical condition requires, but in no event more than 72 hours after the review is commenced.
- If the expedited review is a concurrent review determination, the service shall be continued without liability to you until you have been notified of the determination. NHHP will provide a written confirmation of the decision concerning an expedited review within 2 business days of providing notification of the decision, if the initial notification was not in writing.

### **Second Level Appeal (Expedited Review)**

In any case where the First Level Appeal review process does not resolve a difference of opinion between you or your provider and NHHP, you or your provider may submit a grievance in writing or by telephone (unless the provider is prohibited from filing a grievance by federal or other state law). NHHP will review it as a **Second Level Appeal**. In conducting the review, NHHP shall adhere to time frames that are reasonable under the circumstances.

### **EXTERNAL REVIEW PROCESS**

An independent **External Review Process** through the Department of Insurance is available to you if the **Second Level Appeal** does not resolve the difference of opinion; if the NHHP has agreed to submit the determination to **External Review** prior to completion of the internal review process; or if you have requested a **First Level Appeal** or a **Second Level Appeal**, standard or expedited review and have not received a decision from the NHHP within the required time frames.

You or your representative must submit the request for an **External Review** in writing to the Commissioner of Insurance within:

- (1) 180 days of the date of the **Second Level Appeal** denial decision; or
- (2) if there is a failure to make a **First Level Appeal** or a **Second Level Appeal**, standard or expedited review decision that is past due, within 180 days of the date the decision was due.

The cost for the service, supply or drug that is the subject of the adverse determination must be, or is anticipated in a 12-month period to be, equal to or in excess of \$400.

The request for an **External Review** must not be for the purpose of pursuing a claim or allegation of health care provider malpractice, professional negligence, or other professional fault.

### **Standard External Review**

Within 7 business days after the date of receipt of a request for an **External Review**, the Commissioner shall complete a preliminary review of the request for an **External Review** to determine whether:

- (1) you are or were a covered person under the health benefit plan;
- (2) the determination that is the subject of the request for an **External Review** meets the conditions of eligibility; and
- (3) you have provided all the information and forms required by the Commissioner that are necessary to process a request for an **External Review**.

Upon completion of the preliminary review, the Commissioner shall immediately notify you or your representative in writing whether the request is complete and whether the request has been accepted for **External Review**.

If the request is not complete, the Commissioner shall inform you or your representative what information or documents are needed to make the request complete and to process the request. You or your representative shall submit such information or documentation within 10 days of being notified that the request was incomplete.

If the request for **External Review** is accepted, the Commissioner shall:

- (1) include in the notice provided, a statement that if you wish to submit new or additional information or to present oral testimony via teleconference, such information shall be submitted, and the oral testimony shall be scheduled and presented, within 20 days of the date of issuance of the notice. However, the notice shall also explain that oral testimony shall be permitted only in cases when the Commissioner determines, based on evidence provided by you, that it would not be feasible or appropriate to present only written testimony; and
- (2) immediately notify the NHHP in writing of the request for an **External Review** and its acceptance.

If the request for an **External Review** is not accepted, the Commissioner shall inform you or your representative and the NHHP in writing of the reason for its non-acceptance.

At the time a request for **External Review** is accepted, the Commissioner shall select and retain an independent review organization that is certified pursuant to New Hampshire law to conduct the **External Review**. The Commissioner shall not select the same independent review organization for each **External Review**, but shall rotate among the certified independent review organizations,

using all organizations equally. The Commissioner may select and retain an independent review organization regardless of the rotation if the Commissioner determines that the use of such independent review organization is necessary for the fair adjudication of the case in question.

Within 10 days after the date of issuance of the notice from the Commissioner of Insurance to the NHHP informing of the request for **External Review** and its acceptance, the NHHP or its designated utilization review organization shall provide to the selected independent review organization and to you all information in its possession that is relevant to the adjudication of the matter in dispute, including but not limited to:

- (1) the terms of agreement of the health benefit plan, including the evidence of coverage, benefit summary, or other similar document;
- (2) all relevant medical records, including records submitted to the NHHP by you, your representative, or your treating provider;
- (3) a summary description of the applicable issues, including a statement of NHHP's final determination;
- (4) the clinical review criteria used and the clinical reasons for the determination;
- (5) the relevant portions of the NHHP's utilization management plan;
- (6) any communications between you and the NHHP regarding the internal review process or the **External Review**; and
- (7) all other documents, information, or criteria relied upon by the NHHP in making its determination.

Failure by the NHHP or you to provide the documents and the required information within the specified time frame shall not delay the conduct of the **External Review**.

The selected independent review organization shall review all of the information and documents received from the NHHP and any other information submitted by you or your representative or treating provider with the request for **External Review** and any testimony provided. In addition to the information provided by the NHHP and you or your representative or treating provider, the independent review organization may consider any applicable, generally accepted clinical practice guidelines, studies or research, including those developed or conducted by the federal government, national or professional medical societies, boards, and associations. The independent review organization shall consider anew all previously determined facts, allow the introduction of new information, and make a decision that is not bound by decisions or conclusions made by the NHHP during the internal review process.

The selected independent review organization shall render a decision upholding or reversing the determination of the NHHP and notify you or your representative and the NHHP in writing within 20 days of the date that any new or additional information from you is due pursuant to New Hampshire law. This notice shall include a written review decision that contains a statement of the nature of the grievance, references to evidence or documentation considered in making the decision, findings of fact, and the clinical and legal rationale for the decision, including, as applicable, clinical review criteria and rulings of law.

### **Expedited External Review**

**Expedited External Review** shall be available when your treating provider certifies to the Commissioner of Insurance that adherence to the time frames specified by New Hampshire law for the **Standard External Review** would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function.

Except to the extent that it is inconsistent with the provisions of an **Expedited External Review**, all requirements for the conduct of the **Standard External Review** process specified by New Hampshire law shall apply to the **Expedited External Review**.

At the time the Commissioner receives a request for an **Expedited External Review**, the Commissioner shall immediately make a determination whether the request meets the standard for **Expedited External Review**, as well as the reviewability requirements set forth in New Hampshire law. If the conditions are met, the Commissioner shall immediately notify the NHHP. If the request is not complete, the Commissioner shall immediately contact you or your representative and attempt to obtain the information or documents that are needed to make the request complete.

The Commissioner shall select and retain an independent review organization that is certified pursuant to New Hampshire law to conduct the **Expedited External Review**.

The NHHP or its designated utilization review organization shall provide or transmit the documents and information specified in New Hampshire law to the selected independent review organization by telephone, facsimile, or any other available expeditious method within one business day of receiving the Commissioner's notice of the request for **Expedited External Review**.

When handling a review on an expedited basis, the selected independent review organization shall make a decision and notify the NHHP and you as expeditiously as your medical condition requires, but in no event more than 72 hours after the **Expedited**

**External Review** is requested. If this notice is not in writing, within 2 business days after the date of providing this notice, the selected independent review organization shall:

- (a) provide written confirmation of the decision to you or your representative and the NHHP; and
- (b) include the required information as set forth under the **Standard External Review** notice requirements.

An **Expedited External Review** shall not be provided for determinations made by the NHHP on a retrospective basis.

You shall not be held liable to either the NHHP, the hospital, the physician, or the services provider for the cost of services in excess of the applicable copayment, coinsurance, or deductible incurred, pending the independent review organization's determination of an **Expedited External Review**.

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If you would like assistance in filing a grievance you may contact NHHP at:

NHHP (BMI)  
P.O. Box 1090  
Great Bend, KS 67530  
Toll-Free number 1-877-888-NHHP (6447)

You have the right to contact the Commissioner's Office at any time. If you would like further assistance, you may contact the Commissioner's Office at:

Department of Insurance  
21 South Fruit Street, Suite 14  
Concord, New Hampshire 03301-2430  
Telephone (603) 271-7973  
Toll free (800) 852-3416