**[Date] [This MUST be the date the Letter is Mailed]**

Member Name

Address

City, State Zip

Member ID:

PID Case Number:

Subject: Your Request for an **[Expedited]** Independent External Review of **[ABD issue]**

Dear **[Member Name]:**

The Bureau of Health Coverage Access, Administration, and Appeals (HCA3) has informed **[Insurer]** of your request for an **[expedited]** independent external review of your Adverse Benefit Determination related to **[identify subject of ABD]** on **[date of receipt].** **[Insurer]** has reviewed your request and has decided your request is:

**Eligible for external review**

You will receive a letter from the Bureau of Health Coverage Access, Administration, and Appeals informing you of the Independent Review Organization assigned to conduct the independent external review of your Adverse Benefit Determination. The letter will include additional information on the process and how you can support your request.

**Incomplete**

For **[Insurer]** to determine your eligibility for **[expedited]** independent external review, please submit the following information:

* [Information]
* [Information]
* [Information]

Please submit this information as soon as possible to:

**[Insurer contact information]**

If this information is not received by **[35 days from date on letter]**, your request may be considered ineligible.

**Ineligible for [expedited] independent external review**

**[Insurer]** has determined that your request is ineligible for **[expedited]** independent external review due to **[Insurer’s reasoning]**. If you disagree with this determination, you may file an appeal with the Pennsylvania Insurance Department.

**How do I file an appeal with the Insurance Department?**

To appeal this decision, you may send your request, including a copy of this document, a copy of any relevant policy documents, and your explanation of why you believe your request for **[expedited]** independent external review should be determined eligible, to the following:

By Mail: Pennsylvania Insurance Department

Bureau of HCA3

1311 Strawberry Square

Harrisburg, PA 17120

By Fax: 717-231-7960

By Email: RA-IN-ExternalReview@pa.gov

Sincerely,

**[Insurer Name]**

**cc:**

**[Member Representative, if designated]**

**[Provider, if provider filed the request for external review]**

**[HCA3]**