If your request for a service was denied, you may have the right to file a request for independent external review of an Adverse Benefit Determination or a Final Adverse Benefit Determination. This independent external review would be done at no cost to you.

**What is an Adverse Benefit Determination?**

An Adverse Benefit Determination may be any of the following:

1. A decision by [Insurer] or someone on behalf of [Insurer] to deny a service or payment for a service. This decision is based on a review of the information provided and that the request does not meet [Insurer's] requirements for:

* medical necessity
* appropriateness
* the type of health care setting
* the level of care
* effectiveness of the service

Or the service is considered to be experimental or investigational.

(2) [Insurer]’s determination that the service is not covered by this policy.

1. A cancellation of coverage determination by [insurer].

**What is a Final Adverse Benefit Determination**

A Final Adverse Benefit Determination happens when [Insurer]’s decision to deny your initial request is partially or fully upheld by [Insurer]’s internal appeal process.

**What other rights do I have?**

You also have the right to a review of whether we have complied with the surprise billing and cost-sharing protections under the No Surprises Act.

For example, if you receive a covered health care service at an in-network facility, you should not receive a bill for other than your in-network cost-sharing.

For more information, you can visit the Pennsylvania Insurance Department’s website dedicated to this topic:

www.insurance.pa.gov/nosurprises.

**How do I ask for an independent external review?**

For more information on the independent external review process, you can visit the Pennsylvania Insurance Department’s website at:

www.insurance.pa.gov/externalreview

To submit a request for either standard or expedited independent external review, please submit a copy of your adverse benefit determination or final adverse benefit determination notice and a completed independent external review request form to:

Mail: Pennsylvania Insurance Department

Attn: Bureau of Health Coverage Access, Administration, and Appeals

1311 Strawberry Square

Harrisburg, PA 17120

Fax: 717-231-7960

Email: [RA-IN-ExternalReview@pa.gov](mailto:RA-IN-ExternalReview@pa.gov)

Phone: Consumer Services

# 1-877-881-6388

**What happens next?**

Once the Insurance Department receives your request, your eligibility for independent external review will be confirmed with [Insurer].

If your adverse benefit determination or final adverse benefit determination is eligible for independent external review, the Insurance Department will assign an Independent Review Organization, provide you with notice of the assignment, and provide information on how you may submit information to support your position. The Independent Review Organization will issue a decision to uphold, partially uphold, or overturn [Insurer]’s decision based on the information provided by you and [Insurer].

[Description of Insurer’s External Review Procedures]