THE STATEMENT BELOW IS REQUIRED BY

PENNSYLVANIA STATE LAW.

**Actions You Can Take and How to Get Help.**

You, or someone on your behalf, recently requested approval from your health insurance plan for a health care service or item. Your health insurance plan denied the request.

You have the right to ask your health insurance plan to change this decision. This is called an internal appeal. If the request is not approved after an internal appeal, your request may be eligible for a review by an independent third party. This is called an external review. The independent third party may change your health insurance plan's decision.

Please read carefully the information your health insurance plan has provided with this insert. This information explains the reason(s) for the health insurance plan's decision, as well as how to ask for an internal appeal or external review, including any deadlines and timing.

You should also feel free to contact your health insurance plan or the Pennsylvania Insurance Department to help you understand your rights and answer any questions. Contact information for both your health insurance plan and the Department is included in the information your health insurance plan has provided.

**[DATE] [This MUST be the date the notice is Mailed]**

**[Member Name]**

**[Address]**

**[City, State, Zip]**

**RE: [Member Identifiers, e.g., Name, DOB, ID#]**

**Subject: Decision About Your Benefit Request**

Dear **[Member Name]:**

This is an important notice about your services. Read it carefully.

Call **[Insurer]** at **[Insurer Phone # & Toll-free TTY/PA RELAY]** if you have any questions or need help.

**[Insurer]** has reviewed the request for **[identify SPECIFIC service/item, along with frequency/level/duration]** submitted by **[provider’s name]** for you on **[date]**. **After physician review, the request is:**

**[Denied/Partially Denied]**

Your request was **[denied/partially denied]** because **[Explain in detail, at a 6th grade level, every reason for denial. In addition to the explanation for the decision, include specific references to approved medical necessity guidelines, rules, and/or protocols on which the decision was based.If denied because of insufficient information, identify all additional information needed to render a decision.]**

**What if I disagree with the decision?**

We have denied your request for the provision of or payment for a health care service or course of treatment. You have the right to ask **[Insurer]** to review this decision.

**How do I ask for a review?**

If your life, health, or ability to regain maximum function is not in serious jeopardy, you must complete the internal appeal process before you can request an external review.

You can file a standard internal appeal of this adverse benefit determination by:

**[Insurer to explain the process and identify** **all requirements, methods, forms and prominently display contact info for member to file an internal standard appeal, including HIPAA-compliant records release authorization form]**

If your life, health, or ability to regain maximum function is in serious jeopardy and our decision involved making a judgment as to the medical necessity, appropriateness, health care setting, level of care or effectiveness of the health care service or treatment you requested, you may also have the right to have **[Insurer]** expedite your appeal. You can file an expedited internal appeal of this adverse benefit determination by:

**[Insurer to explain process and identify all requirements, methods, forms, and prominently display contact info for member to file an expedited internal appeal, including HIPAA-compliant records release authorization form]**

**Notice of Right to Expedited Independent External Review**

At no cost to you, you or your authorized representative may submit a request for **expedited independent external review** of an adverse benefit determination to the Pennsylvania Insurance Department at the same time as a request to [Insurer] for an expedited internal review **only if any of the following situations apply**:

* You have a medical condition for which the time frame for completion of an expedited internal review of an adverse benefit determination would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function.
* Your denial is about an admission, the availability of care, or a continued stay or health care service for which you received emergency services, but you have not been discharged from the health care facility.
* Your denial is based on a determination that the recommended or requested health care services are experimental or investigational and your treating health care provider certifies in writing that the recommended or requested health care services would be significantly less effective if not promptly initiated.

Once you receive this letter, you may file a request for expedited independent external review if your denial is about one of the issues listed above. If your request is not about one of the issues listed above, you should follow the internal appeal process identified in the “How do I ask for a review?” section above.

To request an expedited independent external review, your provider must complete and sign the physician certification form included with the request form.

You may download an independent external review request form and provider certification form from:

[Insurer URL]

Or

www.insurance.pa.gov/externalreview

Submit your completed external review request form, the signed provider’s certification form, and any information you have to support your case, to the Bureau of Health Care Access, Administration, and Appeals (HCA3) by:

Fax: 717-231-7960

or

Email: RA-IN-ExternalReview@pa.gov

To request an expedited independent external review online, please go to:

www.insurance.pa.gov/externalreview

If submitting a request for expedited independent external review online, you must upload a copy of the completed, signed physician certification form.

**What happens after I submit a request for expedited independent external review?**

If your request is determined eligible for expedited independent external review, the Bureau of HCA3will assign an Independent Review Organization (IRO) to review your case. The IRO assigned to conduct the expedited external review will decide whether you have to complete the expedited internal review of the adverse benefit determination before the expedited external review can be done.