

**EXTERNAL REVIEW
MEDICAL CLAIMS
FREQUENTLY ASKED QUESTION**

1. ***What claims are subject to review under the external review program?*** Not all claim denials are eligible for external review. The denial must be for medical necessity, medical appropriateness, inappropriate medical setting, inappropriate level of care, ineffective medical care or experimental or investigative services. There is no minimum dollar amount for the value of your claim for it to be eligible for external review.
2. ***What types of claims are not subject to external review?*** You may not request an external review if the requested treatment is not a covered benefit. For instance, if your plan excludes coverage for weight loss, your request to have the insurer cover your weight loss treatment would not be eligible for an external review. Also, denials based on administrative issues are not eligible for external review. This includes decisions based on eligibility of the claimant or whether the premium was paid on time.
3. ***When can I request an external review?*** When your insurer denies you claim or proposed treatment, the insurer will provide you with information on your appeal rights including its internal appeal procedures and your right to an external appeal. This notice will explain how you can obtain additional information on its internal appeal process and the external review process. In most cases you will need to complete the insurance company's internal appeal process before requesting an external review.
4. ***What is external review?*** If you have a medical claim denied by your insurance company and it is eligible for an external review, your claim can be reviewed by an impartial medical provider. These providers are referred to as Independent Review Organizations (IRO) and they are licensed by the Arkansas Insurance Department to perform these reviews in Arkansas. This medical provider will determine if the insurance company should pay your claim.
5. ***How do I file an appeal to external review?*** You or your designated representative must notify the Arkansas Insurance Department that you want your claim reviewed by an external party. There is a form that you must complete and send to the Arkansas Insurance Department. You may obtain this form from the Department's website or by calling the External Review Section of the Arkansas Insurance Department at 800-852-5494.
6. ***My claim was denied three months ago. Can I file an appeal now?*** A request for an external review must be filed within 4 months of the claim denial. Remember, you must first request an internal appeal with the insurance company before requesting an external review.
7. ***What if I disagree with the decision of the Independent Review Organization (IRO)?*** All decisions of the IRO are binding on you and the insurance company. However, any other rights

that you may have under state law are still available to you. For instance, you may file a lawsuit against the insurance company if you feel that the IRO made a mistake.

8. **Are all external reviews treated the same?** NO. There are standard external reviews and expedited external reviews. Standard reviews take longer to complete. A standard external review could take up to 58 days for completion. You may request an expedited external review if you have a medical condition that warrants a faster decision. If the time required for a standard external review or the insurance company's expedited internal review would seriously jeopardize your life or health, then an expedited external review is allowed. An expedited review must be completed by the IRO with 72 hours after it has received the medical information from the insurance company.
9. **I am not sure if my denied claim is eligible for an external review. What can I do?** Please contact the External Review Section of the Arkansas Insurance Department at 800-852-5494 for assistance.
10. **Will the external review cost me anything?** No. There is no cost to you for requesting an external review.
11. **What about claims denied by Medicare, Medicaid or self-funded health plans?** These plans are not under the jurisdiction of the Arkansas Insurance Department. They have different appeal procedures. You cannot request an external review through the Arkansas Insurance Department for claims denied under these programs.
12. **Are all claim denials by insurance companies eligible for the external review program at the Arkansas Insurance Department?** No. The following services cannot be referred to external review.
 - Workers' Compensation
 - Automobile Medical Payments
 - Automobile Liability Medical or Personal Injury claims
 - Dental
 - Vision
 - Long Term Care
 - Disability Income