

REQUEST FOR PROPOSALS FOR INDEPENDENT REVIEW ORGANIZATIONS TO CONDUCT EXTERNAL REVIEWS OF APPEALS – SUPPLEMENTAL INFORMATION

*In response to questions received regarding the August 15, 2019 RFP, please see the responses set forth below:*

- 1. Can the entire proposal be sent via email, or does the proposal need to be physically mailed to the Department. If physical, how many copies are requested?**

Yes, we encourage electronic submissions. If the bid is submitted by hard copy in lieu of electronic submission, then we would request (5) hard copies.

- 2. Just to confirm, the Department will utilize electronic transmission for the submission of documents and cases to the IRO, correct? Furthermore, the IRO vendor will utilize its own file transfer solution and not the Department's? File transfer portal?**

This is correct. At the current time, the Department is not utilizing a portal for External Review.

- 3. Does the offeror's certification of compliance of accuracy, receipt, and acceptances need to occur in a certain part of the Offerors proposal such as through an Appendix to the proposal or within the Offeror's Cover Letter?**

The contract speaks for itself. However, if additional certifications for the contract are required, exhibits are provided to the vendor.

- 4. The RFP noted that the Sample Contract is not to be executed, yet failure to accept the terms will be grounds for exclusion. Does the offeror's expression acceptance of the terms need to occur in a certain part such as through an Appendix to the proposal or within the Offeror's Cover Letter?**

The sample contract is included for informational purposes only. The specific contract will be executed with substantially the same language after the bid is awarded.

- 5. Does the Department send the IRO cases for administrative review (external appeals raising legal/admin issues such as whether coverage applies) or only medical reviews?**

Yes, the Department sends recession reviews to the IRO for legal review.

- 6. Does the Department first review cases to determine whether they qualify for external review, or does the IRO provide that verification? If the latter and a case doesn't qualify, does the vendor bill the case as a standard review and issue a decision that the case does not qualify for review?**

Yes, the Department pre-screens the External Review cases for eligibility. However, the health plan has ultimate responsibility for the final preliminary review.

7. **For cases deemed ineligible for review, does the Agency anticipate a physician or alternative, non-physician reviewer such as legal/administrative reviewer to make these decisions?**

The IROs are not involved in eligibility reviews.

8. **Prior to making a decision in an expedited appeal whether a requested service should be granted, there must first be a decision to determine whether the request meets the expedited request criteria. For expedited decisions, will the Agency, insurer, or the IRO make the initial decision whether an expedited request meets the criteria to be classified as expedited?**

The Department prescreens the External Review for eligibility for expedited review. However, the health plan has ultimate responsibility for the final preliminary review.

9. **If the IRO makes the decisions and determines the request does not meet the expedited criteria, does the IRO issue a decision stating the expedited criteria has not been met and then treat the case as standard appeal?**

The IROs are not involved in eligibility reviews. The decision is made by the health plan.

10. **When rendering a decision, should the IRO send the decision back to the agency prior to issuing the decision to all parties, or should the IRO mail the decision to the appropriate parties? Furthermore, does the Department want decisions electronically issued to all involved parties?**

The IRO should release its decision to all parties simultaneously. Our statute does not require electronic delivery, but it is acceptable as long as PHI information is shared in compliance with HIPAA guidelines.

11. **Regarding reports to the Department, does the Department anticipate monthly, quarterly, or annual reports?**

At the present time, the Department does not require regular reporting.

12. **Can the Contractor submit copies of example reports and proposed decisions to the Department via an Appendix to the Proposal to demonstrate compliance?**

If by "proposal to demonstrate compliance" you mean your application, you may submit supporting documents.

13. **Regarding written policies, does the Department wish the bidder to provide policy copies?** Please note many organizations will have voluminous records regarding its policies for external review.

Yes, that would be required as specified in the RFP.

14. **Will the Department accept a list of all providers with the requested information regarding clinical personnel?**

Yes, as specified in the RFP.

15. **What does the Department mean by arrangement? Ownership interest? Any contractual relationship to perform external review or auditing?**

The specifications are listed in the RFP.

16. **Who are the current incumbent contractors?**

Maximus, IPRO, National Medical Reviews

17. **What are the current per case fees paid to the incumbent contractors, broken down by the following categories: s standard, expedited, expedited behavioral, experimental/investigational, expedited experimental/investigational. If the Agency cannot provide a current average per case fee, how much did the Agency pay each current contractor for the years 2017 and 2018?**

	National Medical Reviews		Maximus		IPRO	
2017 Rates	Full Review	New Information or Withdrawal of Appeal	Full Review	New Information or Withdrawal of Appeal	Full Review	New Information or Withdrawal of Appeal
Standard Review	<b>\$650</b>	<b>\$125</b>	<b>\$675</b>	<b>\$225</b>	<b>\$785</b>	<b>\$150</b>
Expedited Review	<b>\$775</b>	<b>\$125</b>	<b>\$835</b>	<b>\$305</b>	<b>\$875</b>	<b>\$175</b>
Expedited Behavioral Health Review	<b>\$975</b>	<b>\$175</b>	<b>\$960</b>	<b>\$385</b>	<b>\$875</b>	<b>\$175</b>
Experimental/ Investigational	<b>\$725</b>	<b>\$175</b>	<b>\$895</b>	<b>\$335</b>	<b>\$875</b>	<b>\$175</b>
Expedited Experimental/ Investigational	<b>\$950</b>	<b>\$175</b>	<b>\$1,030</b>	<b>\$410</b>	<b>\$925</b>	<b>\$175</b>

2018 Rates	National Medical Reviews		Maximus		IPRO	
	Full Review	New Information or Withdrawal of Appeal	Full Review	New Information or Withdrawal of Appeal	Full Review	New Information or Withdrawal of Appeal
Standard Review	\$650	\$125	\$705	\$225	\$785	\$160
Expedited Review	\$775	\$125	\$875	\$305	\$875	\$185
Expedited Behavioral Health Review	\$975	\$175	\$1,005	\$385	\$875	\$185
Experimental/ Investigational	\$725	\$175	\$940	\$335	\$875	\$185
Expedited Experimental/ Investigational	\$950	\$175	\$1,080	\$410	\$925	\$185

18. What are the historical, annual volumes of appeals for 2017 and 2018 broken down by the following categories: standard, expedited, expedited behavioral, experimental/investigational, expedited experimental/investigational?

Request Type	2017	2018
Expedited	35	45
Expedited - Experimental	19	11
Expedited Behavioral	6	11
<b>Expedited Total:</b>	<b>60</b>	<b>67</b>
Standard	144	166
Standard - Experimental	69	77
Standard Behavioral	38	12
<b>Standard Total:</b>	<b>251</b>	<b>255</b>
<b>Grand Total</b>	<b>336</b>	<b>356</b>

19. How does the Commissioner assign a case to an IRO if multiple awards are made? Is it random, rotational, or other?

The Department assigns External Review cases rotationally.

20. Will there be a weekend contact person or an after-hours person whom the selected offeror will be able to contact? And how?

No we do not have weekend coverage.

**21. Are verbal decisions for expedited cases acceptable and then subsequent written confirmation okay?**

We do encourage verbal communication followed up with a written report.

**22. If additional medical records are submitted after the waiting period, and we believe the additional medical records are pertinent to the decision, may we request an extension? In what other circumstances could an IRO request an extension without being penalized?**

We do not provide extensions. Additional information would have to be considered during the designated time period.

**23. If a case is expedited and our peer reviewers simply cannot review the case before the deadline, what is the procedure? Is there a specific email or phone number we can call to inform the State we are not accepting the case?**

The IRO should immediately notify the Department by calling 860-297-3910.

**24. Will peer-to-peer review requests be made? Will peer-to-peer review conversations be required in the event of an adverse benefit determination?**

Peer-to-peer reviews involving the IROs are not allowed under our External Review process.

**25. Is there a minimum number of peer reviewers that an IRO must maintain?**

No, but the IRO must maintain an adequate panel.

**26. Is the IRO's decision the final decision or can the claimant resort to a final arbitrator i.e. court of law in making a decision regarding an adverse benefit determination?**

The decision of the IRO is binding except to the extent that there may be other remedies under state or federal laws. Connecticut General Statute 38a-591g (a)(4)

**27. In the cost proposal, does the state prefer an hourly rate or flat rate?**

The Department prefers a flat rate.

**28. Is there a time deadline for submission on Sept. 27 or just by the end of the day?**

The submission is required by end of day September 27, 2019.

**29. The Cost Exhibit calls for a fee for "consideration of new information or withdrawal of appeal prior to the completion of full review". Would it be acceptable to separate these fees into their own category?**

Yes, that is acceptable.

**30. It appears the State may have inadvertently forgotten to include Appendix IV in the RFP document or is the reference to Appendix IV a typo**

See below.

**31. The Sample External Review Template Letters were not included. Could the Department provide them?**

See below.

**Insurance Dept. Letterhead**

**To: Health Plan**

**Re: REQUEST FOR EXTERNAL REVIEW**

**External Review File #:**

**Applicant Name:**

**Enrollee Name:**

**Date:**

**Request for Preliminary Review**

- Standard External Review  
 Experimental/Investigational External Review

Enclosed please find a Request for External Review received in this Department.

At this time, we are requesting that you conduct a Preliminary Review of the enclosed application materials to determine if this request meets the requirements for acceptance for Full Review.

Under Connecticut General Statute 38a-591g, the health carrier is required to complete their Preliminary Review within five (5) business days of receipt of a Standard Review and to notify the applicant, the Commissioner and the provider of record within one (1) business day of the results of this review.

The attached “External Review – Preliminary Review Verification Form” should be completed during your review of this file and returned to the Consumer Affairs Department with a copy of the Results of the Preliminary Review.

If this file is accepted for Full Review, you will be required to send the following items to the IRO for use in the Full Review:

- Copy of the External Review Request form and associated documents submitted by the Applicant
- Copy of the enrollee’s certificate/policy that is the subject of the review
- All documents and information you considered in making the adverse or final adverse determination.

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Authorized Signature

**Insurance Dept. Letterhead**

**To: Health Plan**

**Re: REQUEST FOR EXPEDITED EXTERNAL REVIEW**

**External Review File #:**

**Applicant Name:**

**Enrollee Name:**

**Date:**

**Request for Expedited Preliminary Review**

- Expedited External Review  
 Expedited Behavioral Health External Review  
 Expedited Experimental/Investigational External Review

Enclosed please find a Request for an Expedited External Review received in this Department.

At this time, we are requesting that you conduct a Preliminary Review of the enclosed application materials to determine if this request meets the requirements for acceptance for Full Review.

Under Connecticut General Statute 38a-591g, the health carrier is required to complete their Preliminary Review within one (1) day from receipt of an expedited request and then immediately notify the applicant, the Commissioner, the IRO and the provider of record of their determination.

The attached "*External Review – Preliminary Review Verification Form*" should also be completed during your review of this file and returned to the Consumer Affairs Department with a copy of the Results of the Preliminary Review.

To facilitate the transfer of all records to the named IRO prior to the start of the Full Review process, we ask that you forward the following materials to the IRO named below concurrent with your Preliminary Review processing:

- Copy of the enrollee's certificate/policy that is the subject of the review
- All documents and information you considered in making the adverse or final adverse determination.

The following Independent Review Organization has been pre-assigned to conduct this expedited External Review request, pending formal acceptance of the case for Full Review:

IRO  
IRO Address

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Authorized Signature

cc: IRO

EXHIBIT A – ATTACHMENT

**External Review  
Preliminary Review Verification Form**

**TO:** Connecticut Insurance Department – Consumer Affairs

**FROM:** Health Plan

**DATE:**

**RE: REQUEST FOR EXTERNAL REVIEW**

**External Review File #:**

**Applicant Name:**

**Enrollee Name:**

- Standard External Review
- Experimental/Investigational External Review
- Expedited External Review
- Expedited Behavioral Health External Review
- Expedited Experimental/Investigational External Review

*Please answer each of the questions listed below & return to Consumer Affairs*

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Yes    No    **Covered Person**  
        The individual was a covered person under the health plan at the time the health care service was requested and if applicable, was a covered person in the health plan at the time the health care service was provided.

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Yes    No    **Covered Service**  
        The health care service that is the subject of the adverse determination is a covered service under the covered person's health benefit plan.

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Yes    No    **Exhausted Internal Appeals**  
        The covered person has exhausted the internal grievance process.

Date of Last Denial Letter: \_\_\_\_\_

Procedural or Diagnostic code (ICD-9/CPT): \_\_\_\_\_

Denial is:  Initial Denial     1<sup>st</sup> Level Appeal     2<sup>nd</sup> Level Appeal

All mandatory appeals have been exhausted:     Yes     No

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Yes    No    **Within Filing Limits (Total of 125 Days)**  
        The completed request for an external review was received within 120 days of receipt of the final adverse determination notice. Receipt is defined as (5) days following the date of the notice.

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**External Review**  
**Preliminary Review Verification Form – cont'd**

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Yes  No  **Eligible Denial**  
The basis for the denial is one of the following:

- Medical necessity, appropriateness, health care setting, level of care, effectiveness of the health care service
- Experimental and/or investigational
- Eligibility to participate in the health carrier's health benefit plan
- Rescission of coverage due to an alleged fraudulent act, practice or omission or the intentional misrepresentation of material fact.

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Yes  No  **Eligible Connecticut Plan**  
The enrollee is covered under a fully insured group plan, State of Connecticut Employee Plan or individual medical plan written in the State of Connecticut.

Coverage is through an Individual Plan

Coverage is through an Employer Group Plan

Employer Name: \_\_\_\_\_

Situs/State of Issue: \_\_\_\_\_

Coverage is  Fully Insured       Self-Insured

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Yes  No  **All Required Documents Received**  
The applicant submitted all the required documents for consideration of an External Review. (Check items received)

- Request for External Review
- ID Card or Member ID#
- Final Denial Letter or last denial letter for expedited requests
- Filing Fee of \$25 or Request for Waiver of Filing Fee
- Physician Certification Form (if expedited or      experimental/investigational)

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Yes  No  **Physician Certification Form (Expedited Requests)**

The treating physician has signed Supplement A – Physician Certification Form.

The request is for Behavioral Health Services and the Physician Certification Form is not required.

The request is for a prospective or concurrent review.

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Yes  No  **Physician Certification Form (Experimental & Investigational Requests)**  
The treating physician has signed Supplement B – Physician Certification Form.

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Health Plan  
Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Health Plan Letterhead

**Results of Preliminary Review**

**TO:** Applicant

**DATE:**

**RE: REQUEST FOR EXTERNAL REVIEW**  
**External Review File #:**  
**Applicant Name:**  
**Enrollee Name:**

After a preliminary review of your request for External Review, it has been determined that your request has met the eligibility requirements for the Connecticut External Review Program. Therefore, your **EXTERNAL REVIEW HAS BEEN ACCEPTED FOR FULL REVIEW.**

An Independent Review Organization will be assigned by the Connecticut Insurance Department to conduct a full review of your External Review request. You will receive notification from the Insurance Department shortly with the name of the Independent Review Organization and the mailing address of this organization, should you wish to submit additional information to be considered in this review.

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Authorized Signature

**CC:** Commissioner  
Provider of record

Exhibit C – Preliminary Review – Missing Requirements

Health Plan Letterhead

Results of Preliminary Review

TO: Applicant

DATE:

RE: **REQUEST FOR EXTERNAL REVIEW**

**External Review File #:**

**Applicant Name:**

**Enrollee Name:**

After a preliminary review of your request for External Review, it has been determined that your **EXTERNAL REVIEW HAS NOT BEEN ACCEPTED FOR FULL REVIEW** for the following reason(s):

MISSING REQUIREMENTS

The applicant has not provided the following items required by the Insurance Commissioner:

- Request for External Review Application
- Patient's Insurance Identification Card
- Copy of the final denial letter from the Insurance Company/Health Plan
- Filing Fee or completed Request for Waiver of Filing Fee
- Physician Certification Form (expedited or experimental/investigational reviews)
- Signature of \_\_\_\_\_ on the Consent for External Review and Release of Medical Records.
- Other: \_\_\_\_\_

Missing items must be received by the Health Carrier within 120 days of the date of the final adverse determination letter to be considered for reevaluation of this Preliminary Review. Therefore your response is due: \_\_\_\_\_

Missing items should be sent to the following address:

Health Plan  
Health Plan Contact Name  
Health Plan Address

## Notice of Rights to Appeal This Decision

Although we have declined to accept your External Review for Full Review, you should be aware that you have the right to appeal this decision to the Connecticut Insurance Department. Please include a written statement documenting the reason that you feel this decision is inaccurate. This appeal must be received by the Insurance Department no later than 30 days from the date of this letter.

Please send your Appeal Letter and a copy of this Preliminary Review notification to:

Connecticut Insurance Department  
Attn: External Review  
P.O. Box 816  
Hartford CT 06142-0816

The Insurance Department will review your appeal and notify you of the findings of this review. The Insurance Department's decision on your eligibility for the External Review Program will be considered the final determination regarding your request for an External Review.

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Authorized Signature

**CC:** Commissioner  
Provider of record

Health Plan Letterhead

Results of Preliminary Review

TO: Applicant

DATE:

RE: **REQUEST FOR EXTERNAL REVIEW**

**External Review File #:**

**Applicant Name:**

**Enrollee Name:**

After a preliminary review of your request for External Review, it has been determined that your **EXTERNAL REVIEW HAS NOT BEEN ACCEPTED FOR FULL REVIEW** for the following reason(s):

- The applicant has not provided the following information required by the Insurance Commissioner:
  - Request for External Review Application
  - Patient's Insurance Identification Card
  - Copy of the final denial letter from the Health Carrier
  - Filing Fee or completed Request for Waiver of Filing Fee
  - Physician Certification Form (expedited or experimental/investigational reviews)
  - Signature of \_\_\_\_\_ on the Consent for External Review and Release of Medical Records.
  - Other: \_\_\_\_\_
  
- The enrollee is not covered under an eligible plan for External Review:

You are enrolled in the following ineligible plan:

  - Self-insured medical plan
  - Medical plan issued outside of Connecticut
  - Medicare
  - Medicaid – *Contact the Dept. of Social Services to request a Fair Hearing*
  - Dental and Vision plan
  - Other: \_\_\_\_\_
  
- The enrollee has not exhausted the internal grievance process.
  
- The applicant did not file the external review request within 120 days of the final adverse determination letter.
  
- The enrollee was not a covered person under the health benefit plan at the time the health care service was requested, or was not a covered person in the health benefit plan at the time the health care service was provided.

- The health care service that is the subject of the adverse determination is not a covered service under the covered person's health benefit plan.
- The denial of health care services is not eligible for review under the external review program.

External Review is only available for denials based on the health carrier's determination that the services do not meet the requirements for medical necessity, appropriateness, health care setting, level of care, effectiveness of the health care service, experimental and/or investigational, eligibility to participate in the health carrier's health benefit plan or rescission of coverage.

- The request for External Review of experimental and/or investigational health care services is not certified by the treating physician as required on the Physician Certification Form.
- Other: \_\_\_\_\_  
\_\_\_\_\_

### **Notice of Rights to Appeal This Decision**

Although we have declined to accept your External Review for Full Review, you should be aware that you have the right to appeal this decision to the Connecticut Insurance Department. Please include a written statement documenting the reason that you feel this decision is inaccurate. This appeal must be received by the Insurance Department no later than 30 days from the date of this letter.

Please send your Appeal Letter and a copy of this Preliminary Review notification to:

Connecticut Insurance Department  
Attn: External Review  
P.O. Box 816  
Hartford CT 06142-0816

The Insurance Department will review your appeal and notify you of the findings of this review. The Insurance Department's decision on your eligibility for the External Review Program will be considered the final determination regarding your request for an External Review.

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Authorized Signature

**CC:** Commissioner  
Provider of record

Health Plan Letterhead

**Results of Preliminary Review**

**TO:** Applicant

**DATE:**

**RE: REQUEST FOR EXPEDITED EXTERNAL REVIEW**  
**External Review File #:**  
**Applicant Name:**  
**Enrollee Name:**

After a preliminary review of your request for External Review, it has been determined that the **EXTERNAL REVIEW HAS NOT BEEN ACCEPTED FOR EXPEDITED FULL REVIEW** for the following reason:

- The completed Physician Certification Form was not completed and signed by your treating physician certifying the Expedited Review.

Your Request for Expedited External Review has been accepted for Standard Full Review on a non-expedited basis.

An Independent Review Organization will be assigned by the Connecticut Insurance Department to conduct a full review of your External Review request. You will receive notification from the Insurance Department shortly with the name of the Independent Review Organization and the mailing address of this organization, should you wish to submit additional information to be considered in this review.

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Authorized Signature

**CC:** Commissioner  
Provider of record

EXHIBIT F – Appeal Results

Insurance Dept. Letterhead

**Results of Appeal of  
Preliminary Review Decision**

**TO:** Applicant

**DATE:**

**RE: REQUEST FOR EXTERNAL REVIEW**  
**External Review File #:**  
**Applicant Name:**  
**Enrollee Name:**

The Connecticut Insurance Department received your request for an Appeal of your health carrier's decision regarding your ineligibility for the External Review Program. Your External Review has been independently reviewed by the Insurance Department to determine if your request meets the criteria for External Review.

This notice serves as a confirmation of the results of this Appeal.

Your request for External Review has been **APPROVED** by the Connecticut Insurance Department as meeting the eligibility requirements of the program.

An Independent Review Organization will be assigned by the Connecticut Insurance Department to conduct a full review of your External Review request. You will receive notification under separate cover with the name of the Independent Review Organization and the mailing address of this organization, should you wish to submit additional information to be considered in this review.

Your request for External Review has been **DECLINED** by the Connecticut Insurance Department as not meeting the eligibility requirements of the program as shown in the attached "Results of Preliminary Review" form.

This concludes the Appeal process for the External Review Program.

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Authorized Signature

**CC:** Health Plan  
Provider of record

**Insurance Dept. Letterhead**

**To: Applicant**

**Re: REQUEST FOR EXTERNAL REVIEW**

**Department File:**

**Applicant:**

**Enrollee:**

**Date:**

**Full Review Notification**

The Connecticut Insurance Department has been notified by your health carrier that your request for External Review has met the eligibility requirements for the External Review Program and has been accepted for Full Review.

You should be aware that Connecticut General Statute 38a-591g provides each party to the External Review the opportunity to provide additional information to be considered for review. This information must be submitted to the Independent Review Organization listed below no later than five (5) business days from receipt of this notice with the External Review file number clearly marked. Information submitted after that date is not required to be accepted and considered under this review.

Connecticut General Statute 38a-591g also requires the health carrier to forward all documents and information considered in making the adverse determination within five (5) business days to the Independent Review Organization for consideration in this External Review.

Upon receipt of these records, the Independent Review Organization will initiate the following full review:

**STANDARD FULL REVIEW**

A full review will be conducted by the Independent Review Organization listed below and a decision will be forwarded to you by that organization not later than forty-five (45) days after this review is initiated.

**EXPERIMENTAL/INVESTIGATIONAL FULL REVIEW**

A full review will be conducted by the Independent Review Organization listed below and a decision will be forwarded to you by that organization not later than twenty (20) days after this review is initiated.

The following Independent Review Organization has been assigned to conduct a Full Review of your External Review request:

IRO  
IRO Address  
IRO Contact Name

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Authorized Signature

cc: IRO  
Health Plan  
Provider of Record

EXHIBIT G – Full Review Accepted – Expedited

Insurance Dept. Letterhead

To: Applicant

Re: REQUEST FOR EXTERNAL REVIEW  
Department File:  
Applicant:  
Enrollee:

Date:

**Full Review Notification – Expedited**

The Connecticut Insurance Department has been notified by your health carrier that your request for External Review has met the eligibility requirements for the External Review Program and has been accepted for Full Review.

Connecticut General Statute 38a-591g requires the health carrier to forward all documents and information considered in making the adverse determination within one (1) day to the Independent Review Organization for consideration in this External Review.

Upon receipt of these records, the Independent Review Organization will initiate the following full review:

**EXPEDITED FULL REVIEW**

A full review will be conducted by the Independent Review Organization listed below and a decision will be forwarded to you by this organization not later than seventy-two (72) hours after this review is initiated.

**EXPEDITED BEHAVIORAL HEALTH FULL REVIEW**

A full review will be conducted by the Independent Review Organization listed below and a decision will be forwarded to you by this organization not later than twenty-four (24) hours after this review is initiated.

**EXPEDITED EXPERIMENTAL/INVESTIGATIONAL FULL REVIEW**

A full review will be conducted by the Independent Review Organization listed below and a decision will be forwarded to you by this organization not later than five (5) days after this review is initiated.

The following Independent Review Organization has been assigned to conduct a Full Review of your External Review request:

IRO  
IRO Address  
IRO Contact Name

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Authorized Signature

cc: IRO  
Health Plan  
Provider of Record

Exhibit H – External Review Decision

**IRO Letterhead**

**Results of Full Review**

**TO:** Applicant

**DATE:**

**RE: REQUEST FOR EXTERNAL REVIEW**

**External Review File #:**

**Applicant Name:**

**Enrollee Name:**

A Full Review of your External Review request has been conducted regarding the adverse determination by \_\_\_\_\_.

Health Carrier

The decision reached after the Full Review is to:

- UPHOLD** the health carrier's decision.
- REVERSE** the health carrier's decision.
- REVISE** the health carrier's decision.

(Please specify) \_\_\_\_\_

A report of the review, including the rationale for the decision is attached. Under Connecticut General Statute 38a-591g, the decision rendered under this External Review by the independent review organization is final and the decision is binding.

If this decision resulted in a “reverse” or “revise” determination, the health carrier listed above will contact you directly and coverage will be approved according to the terms and conditions of your plan.

If the decision resulted in an “uphold” determination, all external review has now been exhausted and there is no further appeal of this decision.

\_\_\_\_\_  
Authorized Signature

**CC:** Health Plan  
Commissioner  
Provider of Record