



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

August 11, 2021

**NOTICE TO ALL CONNECTICUT HEALTH CARRIERS AND LICENSED
UTILIZATION REVIEW ENTITIES CONCERNING CHANGES TO
THE STATE OF CONNECTICUT EXTERNAL REVIEW AND
EXPEDITED EXTERNAL REVIEW PROCESS.
EFFECTIVE OCTOBER 1, 2021**

This Notice of the Connecticut Insurance Department is intended to clarify Connecticut's External Review process under Conn. Gen. Stat. § 38a-591g in relation to the passage of Public Act 21-157. The requirements under this Public Act become effective October 1, 2021. This Public Act impacts both individual and group health insurance policies delivered, issued for delivery, renewed or continued in Connecticut.

Conn. Gen. Stat. § 38a-591g has been revised to eliminate the consumer fee of twenty-five dollars for External Review applications. A covered person or a covered person's authorized representative may file a request for an External Review or an expedited External Review of an adverse determination or a final adverse determination without cost to the applicant.

Changes to Conn. Gen. Stat. § 38a-591g modify the procedures governing External Review and expedited External Reviews of adverse determinations and final adverse determinations as it relates to eligibility determinations. The administrative flow of External Review procedures is now streamlined, thereby shortening the time frame between the time of application and the start of the independent review. Revisions to the statute also update the notice requirements of a carrier once the External Review or the expedited External Review is accepted for full review.

Under receipt of a completed External Review request, the Commissioner will promptly designate an independent review organization to conduct the review and will send the External Review request to the carrier. Upon confirmation of eligibility for the program, the carrier will immediately send the External Review request directly to the pre-assigned Independent Review Organization (IRO) to begin the independent review.

The new statutory language is highlighted below.

- a. Section (e)(2)(A) is updated to read as follows: Not later than one business day after the commissioner receives a request that is complete, the commissioner shall make available a copy of such request to the health carrier that issued the adverse determination or the final adverse determination that is the subject of the request[.] and (B) Assign an independent review organization from the list of approved independent review organizations compiled and maintained by the commissioner pursuant to section 38a-591l to conduct the review and notify the health carrier of

the name of the assigned independent review organization. Such assignment shall be done on a random basis among those approved independent review organizations qualified to conduct the particular review based on the nature of the health care service that is the subject of the adverse determination or the final adverse determination and other circumstances, including conflict of interest concerns as set forth in section 38a-591m.

- b. Section (e)(4)(B) is updated to read as follows: If the external review or the expedited external review is accepted, the health carrier shall notify the commissioner, the covered person and, if applicable, the covered person's authorized representative in writing of the request's eligibility and acceptance for external review or expedited external review. For an external review, the health carrier shall include in such notice (i) a statement that the covered person or the covered person's authorized representative may submit, not later than five business days after the covered person or the covered person's authorized representative, as applicable, received such notice, additional information in writing to the assigned independent review organization that such organization shall consider when conducting the external review, and (ii) where and how such additional information is to be submitted. If additional information is submitted later than five business days after the covered person or the covered person's authorized representative, as applicable, received such notice, the independent review organization may, but shall not be required to, accept and consider such additional information.

The External Review Application has been revised to conform with the new changes effective October 1, 2021. In addition, the newly created External Review Program Flyer replaces the prior consumer guide. Both revised documents are posted on the Connecticut Insurance Department website under the “Forms and Applications” tab. Please update these documents in your system and in your attachments to the final adverse determination letters.

Please contact the Insurance Department’s Consumer Affairs Division at externalreview@ct.gov with any questions.

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