



INDEPENDENT REVIEW PROCESS AND ORGANIZATIONS

You may have a question or concern about benefits, claims or some aspect of our services. We encourage you to call one of our Member Service staff, who will answer your questions and attempt to promptly resolve your concern.

If your concern is not satisfactorily resolved, you have the right to file a formal grievance with us. Our Grievance Procedure is outlined in your Medical Certificate of Coverage. If you are not satisfied with the outcome of your grievance, you may also have the right to request an independent review. The independent review process is outlined below.

What is an independent review?

The independent review process provides you with an opportunity to have peer review professionals, who have no connection to Physicians Plus, review our decision. You choose an independent review organization (“IRO”) from a list of review organizations certified by the Office of the Commissioner of Insurance for the State of Wisconsin (“OCI”). The IRO assigns your dispute to a peer reviewer who is an expert in the treatment of your medical condition. The IRO has the authority to determine whether the treatment or denial should be overturned or covered by Physicians Plus.

Who conducts the independent review?

Independent reviews are conducted by IRO’s that are certified by OCI. In order to be certified, the IRO must demonstrate that it is unbiased and that it has procedures to ensure that its clinical peer reviewers are qualified and independent.

What types of disputes can be decided through independent review?

The dispute must involve an adverse determination, an experimental treatment determination, a pre-existing condition exclusion denial determination or the rescission or your policy or certificate. You also can request an independent review whenever we deny coverage for treatment on the basis that the treatment is not medically necessary. This includes a denial of your request for out-of-network services when you believe that the clinical expertise of the out-of-network provider is medically necessary. The treatment must otherwise be a covered benefit under your insurance contract. Also, the total cost of the denied coverage must exceed \$296.

If we disagree about whether or not your dispute is eligible for independent review, you may request that it be sent to the IRO you choose. The IRO will decide if it has the authority to do the review.

What types of disputes are not eligible for independent review?

No health benefit plan covers all medical expenses. You may not request an independent review if the requested treatment is not a covered benefit. For example, if your policy specifically excludes coverage of hearing aids, your request to have Physicians Plus cover your hearing aid would not be eligible for independent review, even if you believed that the hearing aid was medically necessary. However, you are able to ask us to review the denial through our internal grievance process.

If you have coverage through Medicare, Medicaid (BadgerCare Plus), or another federal plan, or if you are covered through your employer’s self-funded plan, you are not eligible to request the independent review described in this brochure. These plans generally have a different appeals process, which is explained in your member materials.

When can I request an independent review?

Whenever we rescind your policy or certificate or deny coverage based on the treatment being experimental treatment, being for an excluded preexisting condition, or not being medically necessary,, we must provide you with information on your appeal rights, including our internal appeal procedures and your right to request an independent review. We must also explain how you can obtain additional information on our internal grievance and independent review processes.

How do I request an independent review?

In most cases, you will need to complete the Physicians Plus Grievance process. After you receive our final decision on your grievance, you can request an independent review. You have 120 days or four months from the date of the adverse determination or in most cases four months from the date of your receipt of our Grievance decision to request an independent review, the cost must exceed \$296.

You must select an IRO from the list provided by Physicians Plus (see included list). You must send your request and the following information to Physicians Plus Insurance Corporation at the address on the front of this brochure:

- your name, address, member number, and phone number; and
- an explanation of why you believe that the treatment should be covered, along with any additional information or documentation that supports your position; and
- if someone else is filing on your behalf, a statement signed by you authorizing that person to be your representative; and
- any other information requested by us.

What if I need care now?

Generally, you must complete the Physicians Plus Grievance process before requesting an independent review. However, you do not need to complete this process if both you and Physicians Plus agree to proceed directly to independent review or if you need immediate medical treatment.

If you need immediate medical treatment and believe that the time period for resolving an internal grievance will cause a delay that could jeopardize your life or health, you may ask to bypass our internal appeal process. To do this, send your request to the IRO at the same time you send it to Physicians Plus. The IRO will review your request and decide if an immediate review is needed. If so, it will review your dispute on an expedited basis. If the IRO decides that your health condition does not require its immediate review of your dispute, it will notify you that you must first complete the Physicians Plus internal grievance process.

Is there a cost involved?

There is no cost to you for requesting an independent review. Physicians Plus will pay the IRO fees.

How long does the independent review process take?

Physicians Plus must send all relevant medical records and other documentation used in making our decision to the IRO within five business days. The IRO then has five business days to review the information and to request any additional information it may need from Physicians Plus or from you. After the IRO receives the information it needs, the IRO has 30 business days to make its decision.

If the IRO determines that this time period could jeopardize your life or health, we must send our documentation within one day and the IRO then has two business days to request any additional information. The IRO must make its decision within 72 hours after receiving all of the information it needs.

How does the IRO make its decision?

All of the documentation and other information provided by you and by Physicians Plus is reviewed by a clinical peer reviewer who must be an expert in the treatment of your medical condition and knowledgeable about the recommended health care service. In reviewing a case involving medical necessity, the IRO and its reviewer are required to consider all of the documentation, including your medical records, your attending provider's recommendation, the terms of coverage of your health plan, the rationale for our prior decision, and any medical or

scientific evidence. The IRO must limit its decision on a case involving experimental treatment to whether the proposed treatment is experimental.

Do Physicians Plus and I have to abide by the decision?

Yes, the decision of the independent review organization is binding on both Physicians Plus and on you, except that a decision of the IRO regarding a preexisting condition exclusion denial or a rescission of your policy or certificate is not binding on you.

What if I have more questions?

If you have further questions, please contact the Physicians Plus Member Service department at (800) 545-5015 or (608) 282-8900. You also may contact the Office of the Commissioner of Insurance at:

**Office of the Commissioner of Insurance
Complaints Department
125 South Webster Street
PO Box 7873**

**Madison, WI 53707-7873
www.oci.wi.gov**

To request a complaint form call (608) 266-0103 in Madison or (800) 236-8517 outside Madison or refer to their website at www.oci.wi.gov

WISCONSIN STATE CERTIFIED Independent Review Organizations
@ 10/19/09

Name/Address	Phone/Fax	Types of Reviews	Comments
IPRO 1979 Marcus Ave. Lake Success, NY 11042-1002 www.ipro.org	800-227-3143 516-326-1034 (fax)	Comprehensive All specialities available	Certified 5/19/03 No conflicts of interest reported Contact: Terese Giorgio, ext. 223 or Charles Scott Smith, ext. 544
MAXIMUS - Center for Health Dispute Resolution Eastgate Square 50 Square Dr Ste 210 Victor NY 14564-1099 www.healthappeal.com	866-763-6395 585-425-5296 (fax)	Comprehensive All specialties available	Certified 10/01/02 No significant conflicts of interest reported Contact: Lisa Maguire, Esq. or Dolores Christensen Cover page should specify: Not a Medicare Appeal
MCMC LLC 5272 River Rd. Ste. 650 Bethesda, MD 20816-1405 www.mcmcllc.com	888-313-6267 301-652-1250 (fax)	Comprehensive All specialties available	Certified 9/8/06 No significant conflicts of interest reported Contact: Cindy Liu, 301-652-1818
Medical Review Institute of America 2875 S. Decker Lake Dr. Ste. 550 PO Box 25547 Salt Lake City, UT 84125-0547 www.mrioa.com	800-654-2422 801-261-3189 (fax)	Comprehensive All specialties available	Certified 3/29/02 No significant conflicts of interest reported Contact: Laura Daley, ext. 415
National Medical Reviews, Inc. 8 Neshaminy Interplex Ste. 207 Trevoese, PA 19053 www.nmrusa.com	800-283-8196 215-352-7801 (fax)	Comprehensive All specialties available	Certified 7/20/09 No significant conflicts of interest reported Contact: Elaine Nace, Esq., ext. 106
Permedion 350 Worthington Rd. Ste. H Westerville, OH 43082-8325 www.permedion.com	800-473-0802 614-895-6784 (fax)	Comprehensive All specialties available	Certified 3/29/02 No conflicts of interest reported Contact: Sue Butterfield, ext. 3428
Prest & Associates 2712 Marshall Court, Ste. 1 Madison, WI 53705 www.prestmds.com	800-358-5129 608-232-9929 (fax)	Limited to: Psychiatry, Behavioral Health & Addictions Medicine	Certified 5/19/03 Reported conflicts of interest: Aetna US Healthcare; Anthem Behavioral Health/Blue Cross Blue Shield WI; United Behavioral Health Contact: Susan Prest or Jay Story