

Saving Money on Your Insurance

BY JOSE MONTEMAYOR

Independent Review Assures Fair Play for Patients

AN HMO OR HEALTH INSURANCE company's refusal to pay for a proposed treatment that it considers medically unnecessary doesn't have to be the last word on the subject.

In Texas, patients have an absolute right to a binding review of that refusal by a neutral third party called an Independent Review Organization (IRO). The HMO or health insurer, not the patient, pays for the review.

Patients must be told of this right, and receive the paperwork to exercise it, when they get the news that their HMOs or insurers won't provide coverage for particular treatments because they are not "medically necessary."

Even though it's currently the subject of a request for U.S. Supreme Court review, independent review is alive and kicking in Texas. I have officially reminded HMOs and insurance companies that independent review remains the law in Texas pending further court action.

In the three years since we've had independent review, more than 1,200 cases have been reviewed. Half the decisions have been in favor of the patients, meaning the HMOs and insurers had to pay for the disputed treatments after all.

How do patients appeal treatment denial decisions and, when necessary, get an independent review?

A finding that a treatment is not medically necessary or appropriate is called an "adverse determination." This decision is made by a utilization review agent (URA). The URA can be the HMO or insurance company itself or a private contractor certified by the Texas Department of Insurance (TDI).

When the URA tells you of an adverse determination, it also must tell you how to use the HMO or insurance company's internal appeal process. Health

care plans have 30 days to decide most appeals. They have only one day, however, when a condition is life threatening or involves emergency care or a continued hospital stay.

Texas insurance rules require the URA to give you a form for requesting independent review both when it notifies you of an adverse determination and, later, if your appeal is denied. If you don't receive an independent review form at either stage, you should file a complaint with TDI. Phone us at

1-800-599-7467

for a complaint form or complain electronically through our Web site,

www.tdi.state.tx.us.

Normally, you must get the results of your appeal before you can request an independent review. But you can request independent review at once if you or your doctor believe your condition is life threatening.

Your request for independent review goes to the URA, which must immediately forward it to TDI. We send the request to one of three certified IROs. The IRO obtains the file on your case and assigns it to a physician who knows the medical field that applies to your illness. The physician reviews the file and determines whether the treatment recommended by your doctor is, in fact, medically necessary and appropriate for your condition.

In most cases, the IRO has 20 days to issue its decision. But if the doctor, patient or patient's representative believes the condition is life threatening, the IRO has only eight days.

The IRO's decision is final. The HMO or insurer cannot appeal it. The patient, however, can go to court if he or she believes an appeal determination is grounds for a lawsuit. ★

Editors:

- *If you need further information, call:*
**Texas Department of Insurance
Public Information Office
(512) 463-6425**

We welcome your questions and suggestions about this column.