THIS IS TO NOTIFY YOU THAT THE UTILIZATION REVIEW AGENT HAS DENIED YOUR APPEAL OF THE ADVERSE DETERMINATION

AFTER REVIEW OF YOUR APPEAL, THE UTILIZATION REVIEW AGENT (URA) HAS UPHELD THE EARLIER DECISION TO DENY YOUR REQUEST FOR HEALTH CARE SERVICES. THIS MEANS THAT THE CARE OR PAYMENT THAT YOU REQUESTED WILL NOT BE COVERED.

You have the right under Texas law to have this decision reviewed by an independent review organization (IRO). This review can be requested by you, a person acting on your behalf, or your physician or other health care provider.

Here is what you must do to request an independent review of your case:

(1) Complete the attached form and return it as soon as possible to the address or fax number indicated on the form. It is important to give all relevant information so a thorough review of your case can be done. **Don't forget to sign the medical release form** so the independent reviewer can look at medical records and other relevant information about your illness or condition.

(2) As soon as the URA receives your completed form requesting independent review, the URA will notify the Texas Department of Insurance (TDI) of your request and begin the independent review process.

(3) Based on the information provided by the utilization review agent, TDI will randomly assign your case to an IRO. The IRO cannot be associated with your health benefit plan, with the physicians or with the providers that were previously involved in your care or case in any way that may compromise the independence of the review. The URA must provide all relevant information and documents to the IRO within three (3) working days after the URA receives your completed form. TDI will notify you about the IRO that has been assigned to review your case. For your information, TDI assigns cases to IROs between 7AM and 6PM, Central time, Monday through Friday (except New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day).

(4) The entire independent review process, including the IRO's determination, should take no longer than the earlier of the fifteenth day after the IRO receives all information necessary to make a determination or twenty (20) calendar days after the IRO receives your request.

(5) If the IRO determines that you should receive the health care services that were previously denied, your health plan must cover and pay for that care. If the IRO agrees that the health care services were not medically necessary or appropriate, then the care will not be covered by your plan.

There will be no cost to you for the independent review. If you receive any bills for this process, you should contact your health plan.