

INSTRUCTIONS TO UTILIZATION REVIEW AGENT (URA) REGARDING NOTIFICATION AND PROCEDURES FOR INDEPENDENT REVIEW

NOTIFICATION OF ADVERSE DETERMINATION

The Commissioner has directed that the documents listed directly below be sent to enrollees and the providers of record when the URA has issued an adverse determination.* The forms listed below are attached and are identified in the lower left-hand corner.

- Notice of Adverse Determination
- Request for Independent Review

The Commissioner has directed that the documents listed directly below be sent to the persons appealing the adverse determination when the URA upholds the adverse determination on appeal.* The forms listed below are attached and are identified in the lower left-hand corner.

- Notice of URA's Decision on Appeal
- Request for Independent Review

* The URA may be required to send other documents to enrollees/insureds or their providers. Please consult the Texas Insurance Code and applicable rules.

URA's PROCEDURES WHEN REQUESTING ASSIGNMENT OF AN INDEPENDENT REVIEW ORGANIZATION

Copies of the completed forms listed below must be sent to the Texas Department of Insurance if assignment of an Independent Review Organization (IRO) is requested by an enrollee or provider.

- Request for a Review by an Independent Review Organization
- Request From an Utilization Review Agent for Assignment of an Independent Review Organization
- Letter of adverse determination sent to enrollee and provider of record
- Letter of appeal determination sent to enrollee and/or provider of record (If request is not on a life-threatening basis.)

NOTE: The Texas Department of Insurance assigns an eligible case to an IRO within 24 hours of receiving the request from an URA for assignment of an IRO. The URA must submit all the information described in Texas Insurance Code, Article 21.58A, Section 6A to the IRO by the 3rd day after the date the URA receives the request for independent review.

* The URA may be required to send other documents to enrollees/insureds or their providers. Please consult the Texas Insurance Code and applicable rules.

THE INDEPENDENT REVIEW PROCESS IS NOT APPLICABLE TO:

- MEDICAID PLANS;
- MEDICARE+CHOICE PLANS;
- EMPLOYEE WELFARE RETIREMENT BENEFIT PLANS AS DEFINED IN SECTION 3(1) OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT [29 U.S.C. SECTION 1002(1)];
- WORKERS' COMPENSATION POLICIES; AND
- AUTOMOBILE POLICIES.