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If You Disagree with our Final Appeals Decision

If You Disagree with Our Appeals Decision Regarding Medical Necessity and Experimental or Investigational Services
If UHA has denied a request for coverage based on medical necessity, appropriateness, health care setting, level of care or effectiveness, or on the basis that the service requested is experimental or investigational, or involves consideration of whether UHA is complying with state or federal laws, and you disagree with the decision, you may request external review of the decision by a physician reviewer selected by an independent review organization. The request must be in writing and must be received by the Insurance Commissioner of the State of Hawaii within 130 days from the date of the letter notifying you of UHA's decision The request should be submitted to: Hawaii Insurance Division
Attn: Health Insurance Branch – External Appeals
335 Merchant Street, Room 213
Honolulu, HI 96813
Telephone: 808-586-2804

Unless you qualify for expedited external review of our appeal decision, before requesting review, you must have exhausted UHA's internal appeals process or show that UHA violated federal rules related to claims and appeals unless the violation was 1) de minimis; 2) non-prejudicial; 3) attributable to good cause or matters beyond UHA's control; 4) in the context of an ongoing good-faith exchange of information; and 5) not reflective of a pattern or practice of noncompliance.

Your request for external review must include: (1) a copy of the adverse benefit determination you wish to have reviewed; (2) a signed authorization for release of your medical records relevant to the review; (3) a disclosure for conflicts of interest; and (4) a filing fee of $15, which will be reimbursed if the decision is reversed on external review. The authorization and disclosure forms are available on UHA's website (uhahealth.com under "Member Forms") or by calling Customer Service at 808-532-4000; 1-800-458-4600 from the neighbor islands. The Commissioner may waive the filing fee if payment of the fee would impose a financial hardship. You are not required to pay more than $60 in any plan year. UHA will pay for the services of the independent review organization and its physician reviewer if you make a timely request.

If the decision that is the subject of the external review is based on a determination by UHA that the service is experimental or investigational, your request for external review must also include a written certification from your treating physician that standard health care services or treatments have not been effective in improving your medical condition or are not medically appropriate for you, or that there is no available standard health care service or treatment covered by UHA that is more beneficial than the service or treatment that is the subject of the external review. Your treating physician must certify in writing that the service recommended is likely to be more beneficial to you, in the physician's opinion, than any available standard health care service or treatment, or your licensed, board certified or board eligible physician must certify in writing that scientifically valid studies using accepted protocols demonstrate the service that is the subject of the external review is likely to be more beneficial to you than any available standard health care services or treatment.

You will be notified by the Insurance Division when an independent review organization (IRO) is assigned your external review. You may submit additional written information to the IRO at the address provided in the notice. The IRO shall consider any additional information submitted within five (5) business days after you receive the notice, and may consider additional information received after that date. If any additional information is submitted, it will be shared with UHA in order to give UHA an opportunity to reconsider its denial.

The IRO will be provided all information considered by UHA (including any prior submissions by you) in making the decision that is the subject of the external review, your request for external appeal and any accompanying documentation you provided with your request, and any other documentation deemed pertinent by us. The IRO will render a decision within 45 days of its receipt of the request for external review.

Expedited External Review of Decisions Based on Medical Necessity or Experimental or Investigational Services
You may request expedited external review by the IRO of a final adverse determination involving issues of medical necessity: (1) if you have a medical condition for which the completion of a standard external review would seriously jeopardize your life, health or ability to regain maximum functioning, or would subject you to severe pain that cannot be adequately managed without the care or treatment that is the subject of the external review; or (2) if the final adverse determination concerns an admission, availability of care, continued stay, or health care services for which you received emergency services, provided you have not been discharged from a facility for health care services related to the emergency services.

If the decision that is the subject of the external review is based on a determination by UHA that the service is experimental or investigational, you may request expedited external review if your treating physician certifies, in writing, that the health care service

or treatment that is the subject of the request would be significantly less effective if not promptly initiated. You may make your request orally, but it must be followed promptly by your treating physician's written certification.

Immediately upon being notified of a request for expedited external review, UHA and the Commissioner will review the request and determine whether you are eligible for expedited external review. If you are not eligible for expedited external review, the Commissioner will notify you and us as soon as possible. If the external review is accepted as an expedited review, UHA will provide the IRO with all documents and information it considered in making the decision that is the subject of the expedited external review. The IRO will provide notice of the final external review decision as soon as the medical circumstances require but not more than 72 hours after the external reviewer receives the request for expedited external review of a medical necessity determination or not more than 7 days for a decision regarding experimental or investigational services. The notice of the external review decision may initially be provided orally but must be confirmed in writing by the reviewer within 48 hours of the oral notice.

The IRO's decision regarding the issue in the external review shall be binding on you and us except to the extent that other remedies may be available to either you or us under applicable State or Federal law. If you elect to have a review by an IRO, then the parties waive their right to an arbitration for the services in question.

Other Procedures for External Review
If UHA's decision was based on a determination other than one of medical necessity, appropriateness, health care setting, level of care or effectiveness, or on the basis that the service requested is experimental or investigational, and you disagree with the decision, or if UHA's decision was based on medical necessity or on the basis that the service is experimental or investigational but you elected not to request review by an IRO, your options for external review vary depending on your plan.

ERISA Plans
If your plan is governed by ERISA, you may either 1) request binding arbitration before a mutually selected arbitrator, or 2) file a lawsuit against UHA under section 502(a) of ERISA. If you do not know whether your plan is subject to ERISA, contact your plan administrator.

Non-ERISA Plans
If you are not a member under an ERISA plan and the decision at issue was not eligible for IRO review, or you elected not to request review by an IRO, your sole and exclusive option for external review is binding arbitration as discussed below.

Arbitration
If you select arbitration, you must submit a written request for arbitration to:

UHA Appeals Coordinator
700 Bishop Street, Suite 300
Honolulu, HI 96813-4100

Your request for binding arbitration will not affect your rights to any other benefits under this plan. You must have complied with UHA's appeals procedures as described in your Medical Benefits Guide (available on UHA's website at uhahealth.com under "Benefit Plans") and we must receive your request for arbitration within one year of the date of the letter notifying you of UHA's decision. In arbitration, one person (the arbitrator) reviews the positions of both parties and makes the final decision to resolve the disagreement. The arbitration is binding and the parties waive their right to a court trial and jury.

Before arbitration actually starts, both parties (you and UHA) must agree on the person to be arbitrator. The arbitration will be administered by Dispute Prevention and Resolution, and the arbitrator will be selected from its panel of neutrals. If we both cannot agree within 30 days of your request for arbitration, either party may ask a court of appropriate jurisdiction to appoint an arbitrator. There shall be no consolidation of parties in arbitration.

The arbitration hearing shall be in Hawaii. The questions for the arbitrator shall be whether we were in violation of the law, or acted arbitrarily, capriciously, or in abuse of our discretion. The arbitration shall be conducted in accord with the Hawaii Arbitration Act, HRS Chapter 658A, and the arbitration rules of Dispute Prevention and Resolution, to the extent not inconsistent with that Act or the UHA Plan.

The arbitrator will make a decision and will give both parties a copy of this decision. The decision of the arbitrator is final and binding and no further appeal or court action can be taken except as provided under the Hawaii Arbitration Act.

The arbitrator's fees and costs will be shared, with UHA to pay two-thirds and the member to pay one-third. You must pay your attorney's and witnesses' fees, if you have any, and we must pay ours. The arbitrator will decide who will pay any other costs of the arbitration.

UHA waives any right to assert that you have failed to exhaust administrative remedies because you did not select arbitration.