

XVI. GENERAL CONDITIONS

P. BCBSUW will send the SUBSCRIBER written notice regarding the claim within 30 days of receiving the claim, unless special circumstances require more time. This notice explains the reason(s) for payment or non-payment of a claim. If a claim is denied because of incomplete information, the notice indicates what additional information is needed. The SUBSCRIBER may contact BCBSUW Customer Service department for more details of the decision.

If any SUBSCRIBER has a problem or complaint relating to a benefit determination, he/she should contact BCBSUW. This extends to any "carve-out" services (e.g., prescription drug administrators). BCBSUW will assist the SUBSCRIBER in trying to resolve the matter on an informal basis, and may initiate a Claim Review of the benefit determination. If the SUBSCRIBER wishes, he/she may omit this step and immediately file a Formal Appeal.

Claim Review:

A claim review may be done only when a SUBSCRIBER requests a review of denied benefits. When a claim review has been completed, and the decision is to uphold the denial of benefits, the SUBSCRIBER will receive written notification as to the specific reason(s) for the continued denial of benefits and of his/her right to file a GRIEVANCE.

EXPEDITED GRIEVANCE:

Appeals related to an urgent health concern (i.e., life threatening), will be resolved within 72 hours of BCBSUW's receipt of the GRIEVANCE.

Formal GRIEVANCE:

To submit a GRIEVANCE, the SUBSCRIBER (or their authorized representative) must submit it in writing to BCBSUW and it should be identified as a GRIEVANCE. In addition, the SUBSCRIBER should also include the following information:

1. The date of service, the patient name, amount, and any other identifying information such as the claim number or health care provider, as shown on the denial; and
2. Any other pertinent information such as the identification number, patient's name, date and place of service, and reason for requesting review.

Except for an EXPEDITED GRIEVANCE, BCBSUW will acknowledge receipt of the GRIEVANCE within 5 business days of receipt. BCBSUW will inform the SUBSCRIBER, in writing, of when the GRIEVANCE will be heard by the Grievance Committee at least seven (7) calendar days prior to the date of the meeting.

The SUBSCRIBER (or their authorized representative) will have the right to appear in person before the Grievance Committee or by teleconference to present written or oral information. If the SUBSCRIBER (or their authorized representative) chooses to participate in the Grievance Committee hearing, BCBSUW must be notified no less than four (4) business days prior to the date of the meeting.

BCBSUW will review the GRIEVANCE. BCBSUW will provide a written decision, including reasons, within 30 calendar days of receiving the GRIEVANCE. If special circumstances require a longer review period, before the 30 calendar day period has expired, BCBSUW will notify the SUBSCRIBER that an additional 30 calendar days will be needed to review the GRIEVANCE citing the reason additional time is needed and when resolution may be expected.

Rights After GRIEVANCE

There are potentially two avenues of further review available to the SUBSCRIBER after the BCBSUW final GRIEVANCE decision.

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1. **Group Insurance Board administrator's appeal (ETF Chapter 11, Wis Administrative Code)**

BCBSUW's final GRIEVANCE decision may be reviewed by the Department of Employee Trust Funds provided the written request for the review is received by the Department within 60 days after BCBSUW's final decision is sent to the SUBSCRIBER. Decisions not timely appealed to the Department are final. Send request to:

Department of Employee Trust Funds
ATTN: Ombudsperson
801 West Badger Road
P.O. Box 7931
Madison, WI 53707-7931

2. **External Review by an Independent Review Organization**

Alternatively, effective June 15, 2002, ADVERSE DETERMINATIONS and EXPERIMENTAL/INVESTIGATIONAL determinations made by BCBSUW may be reviewed by an INDEPENDENT REVIEW ORGANIZATION. BCBSUW will send the SUBSCRIBER a list of approved organizations at the time of BCBSUW's written decision regarding the GRIEVANCE. A copy can also be obtained by contacting BCBSUW's customer service department, logging onto www.bluecrosswisconsin.com, or by contacting the Office of the Commissioner of Insurance.

To qualify for EXTERNAL REVIEW, the SUBSCRIBER'S claim must involve one of the following:

1. An ADVERSE DETERMINATION, or
2. A determination that a treatment is EXPERIMENTAL/INVESTIGATIONAL.

In either case, the treatment must cost more than \$250 in order to qualify for EXTERNAL REVIEW.

If the SUBSCRIBER wishes to pursue EXTERNAL REVIEW instead of a review by the Department of Employee Trust Funds, the SUBSCRIBER or the SUBSCRIBER'S authorized representative must notify BCBSUW's Appeal Department in writing at the following address:

Blue Cross & Blue Shield United of Wisconsin

Attn: Appeal Department

401 W. Michigan St., C10

Milwaukee, WI 53203

BCBSUW must receive the request within 4 months of the date that BCBSUW denied the SUBSCRIBER'S GRIEVANCE. When the SUBSCRIBER sends their request, he or she must tell BCBSUW which INDEPENDENT REVIEW ORGANIZATION that he or she wants to use and enclose a \$25 check made payable to that organization.

Once BCBSUW has received the SUBSCRIBER'S request:

1. BCBSUW will notify the INDEPENDENT REVIEW ORGANIZATION, and the Department of Employee Trust Funds within 2 business days. Within 5 business days after receiving written notice of a request for independent review, BCBSUW will send the INDEPENDENT REVIEW ORGANIZATION copies of the information the SUBSCRIBER submitted as part of his or her GRIEVANCE, copies of the contract, and copies of any other information BCBSUW relied on in the SUBSCRIBER'S GRIEVANCE.

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2. The INDEPENDENT REVIEW ORGANIZATION will review the submitted materials and will request, normally within 5 business days, any additional information.
3. BCBSUW will respond to any additional request within 5 business days or provide an explanation as to why such information cannot be provided.
4. Once the INDEPENDENT REVIEW ORGANIZATION has received all the necessary information, it will render a decision, normally within 30 business days.

There are certain circumstances in which the SUBSCRIBER may be able to skip the GRIEVANCE process and proceed directly to EXTERNAL REVIEW. Those circumstances are as follows:

1. BCBSUW agrees to proceed directly to EXTERNAL REVIEW; or
2. The SUBSCRIBER'S situation requires EXPEDITED REVIEW.

If the SUBSCRIBER'S situation requires an EXPEDITED REVIEW:

1. BCBSUW will notify the INDEPENDENT REVIEW ORGANIZATION and the Department of Employee Trust Funds within 1 day and send them the SUBSCRIBER'S information.
2. The INDEPENDENT REVIEW ORGANIZATION will review the material, normally within 2 business days, and will request additional information, if necessary. BCBSUW will have 2 business days to respond to this request.
3. Once the INDEPENDENT REVIEW ORGANIZATION has all the necessary information, it will render a decision, normally within 72 hours.

If the INDEPENDENT REVIEW ORGANIZATION overturns BCBSUW's decision, the \$25 the SUBSCRIBER paid when requesting the review will be refunded. The decision of the INDEPENDENT REVIEW ORGANIZATION is binding to both BCBSUW and the SUBSCRIBER. Once the INDEPENDENT REVIEW ORGANIZATION decision is issued, the SUBSCRIBER has no further rights to review by the Department of Employee Trust Funds.

A SUBSCRIBER cannot request a review of BCBSUW's Final Appeal decision by both an INDEPENDENT REVIEW ORGANIZATION and the Department of Employee Trust Funds simultaneously. Once an INDEPENDENT REVIEW ORGANIZATION has begun the process to review a case, the DEPARTMENT will suspend its process. The INDEPENDENT REVIEW ORGANIZATION decision is binding on all parties and cannot be further appealed. If the INDEPENDENT REVIEW ORGANIZATION rejects the request for review of the ADVERSE DETERMINATION or EXPERIMENTAL TREATMENT denial on the ground of jurisdiction, then the DEPARTMENT will continue its process.

The following definitions are added to the Definition section:

ADVERSE DETERMINATION means a determination that involves all of the following:

1. BCBSUW reviewed an admission to, or continued stay in, a health care facility, the availability of care, or other treatment that is described as a covered service.

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2. Based on the information provided, BCBSUW determined that the treatment does not meet the Plan's requirements for MEDICAL NECESSITY, appropriateness, health care setting, level of care or effectiveness.
3. As a result, BCBSUW reduced, denied or terminated benefits for the treatment.

EXPEDITED GRIEVANCE means a grievance where any of the following applies:

- (a) the duration of the standard resolution process will result in serious jeopardy to the life or health of the SUBSCRIBER or the ability of the SUBSCRIBER to regain maximum function;
- (b) in the opinion of a physician with knowledge of the SUBSCRIBER'S medical condition, the insured is subject to severe pain that cannot be adequately managed without the care or treatment as an EXPEDITED GRIEVANCE;
- (c) a physician with knowledge of the SUBSCRIBER'S medical condition determines that the grievance shall be treated as an EXPEDITED GRIEVANCE.

EXPEDITED REVIEW means a situation where the standard EXTERNAL REVIEW process would jeopardize YOUR life, health or ability to regain maximum function.

EXTERNAL REVIEW means a review of BCBSUW's decision conducted by an INDEPENDENT REVIEW ORGANIZATION.

GRIEVANCE means any dissatisfaction with the provision of services or claims practices of BCBSUW that is expressed in writing to BCBSUW by, or on behalf of, the SUBSCRIBER.

INDEPENDENT REVIEW ORGANIZATION means an entity approved by the Office of the Commissioner of Insurance to review BCBSUW's decisions.