

2016 HEALTH CARE APPEALS INFORMATION SURVEY

ARIZONA DEPARTMENT OF INSURANCE

Health Care Appeals Section

2910 North 44th Street, Suite 210, Phoenix, Arizona 85018-7269

Telephone: (602) 364-2399 FAX: (602) 364-2398

Please complete this survey and return it the Arizona Department of Insurance by **August 19, 2016** to the above address. If you have any questions, please contact Susana D. Lesmeister, Manager, Health Care Appeals at slesmeister@azinsurance.gov.

Company Name:	
NAIC Number:	
Address:	
City, State, Zip Code	
Health Care Appeals Contact Person:	Name: _____ Title: _____
Company Contact	Name: _____ E-mail: _____ Phone: _____ Fax: _____

The responses to the following survey questions should reflect the number of Arizona health care appeals¹ the above insurer received because of its adverse decisions on denied claims and/or denied requests for service. Include only numbers from fully-insured business in the group and individual markets. **Do not report self-insured business on this survey.**

The information you report must reflect all appeals decided in Arizona Fiscal Year (“FY”) 2016 (July 1, 2015 through June 30, 2016).

Please note that you must report numbers for **expedited** appeals separately from **standard** appeals. If your company denies claims on a strictly retrospective basis, and the expedited appeal level does not apply (and possibly the standard informal reconsideration level), please respond with “N/A” to those questions.

1. Provide the total number of Arizona lives insured that were eligible to file appeals during fiscal year FY 2016? This should reflect all policies in effect at any time during the reporting period and should include all dependents included by the main policy or certificate holder.	
2. Are separate health care appeals information packets being included along with all newly-issued health insurance policies and certificates covering Arizona residents? ARS § 20-2533.C	
3. Provide the number of total denied claims during FY 2016 for Arizona appeal eligible insureds.	

¹ Arizona’s health care appeals process. ARS §§ 20-2501 *et seq.*

EXPEDITED APPEALS

<p>4. How many expedited medical reviews (“level one” ARS § 20-2534.A) requested by Arizona insureds were decided or filed in FY 2016?</p>	
<p>a. Of the total, how many denials were fully or partially overturned²?</p>	
<p>b. If the percentage of fully or partially overturned level one reviews is more than 40%, provide a detailed explanation of the reasons medical reviews were overturned (i.e., keying error, transmittal error, provider request for review, human error or other).</p>	
<p>c. Of the number of expedited medical reviews denied by you, how many Arizona insureds requested expedited (“level two”) appeals? ARS § 20-2534.E</p>	
<p>5. How many level two appeals requested by Arizona insureds were decided in FY 2016?</p>	
<p>a. Of the total, how many denials were fully or partially overturned?</p>	
<p>b. If the percentage of fully or partially overturned level two appeals is more than 40%, on a separate sheet provide a detailed explanation of the reasons medical reviews were overturned (i.e., additional review of claim, additional information received or other).</p>	
<p>6. How many requests for expedited external independent review requested by Arizona insureds were decided in FY 2016? (ARS § 20-2537.K)</p>	
<p>a. Of the total, how many denials were fully or partially overturned?</p>	

STANDARD APPEALS

<p>7. How many informal reconsideration (“level one”) appeals requested by Arizona insureds were decided in FY 2016? ARS § 20-2535</p>	
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² “Overturned” refers to a decision which authorizes a service or payment of a claim that was previously denied.

a. Of the total, how many denials were fully or partially overturned?	
b. If the percentage of fully or partially overturned informal reconsideration appeals is more than 40%, on a separate sheet provide a detailed explanation of the reasons appeals were overturned (i.e., keying error, transmittal error, provider request for review, human error or other).	
c. Of the informal reconsideration reviews denied, how many Arizona insureds requested formal level two appeals? ARS § 20-2536	
8. How many level two appeals requested by Arizona insureds were decided in FY 2016?	
a. Of the total, how many denials were fully or partially overturned?	
b. If the percentage of fully or partially overturned level two is more than 40%, on a separate sheet provide a detailed explanation of the reasons appeals were overturned (i.e., additional review of claim, additional information received or other reason).	
9. How many requests for external independent review requested by Arizona insureds were decided in FY 2016? ARS § 20-2537	
a. Of the total, how many denials were fully or partially overturned?	
10. Provide the SERFF Tracking Number for the health care appeals information packet you currently use for your Arizona insureds. (ARS §20-2533.C) SERFF TRACKING NUMBER: _____ DATE SUBMITTED: _____ DATE APPROVED: _____	

ATTACH SAMPLE DOCUMENTS OF THE FOLLOWING:

A sample explanation of benefits (EOB) form or similar document that demonstrates how your company satisfies its obligation to notify Arizona members of the right to appeal at the time a denial is issued. ARS § 20-2533.D