



**YOUR RIGHT TO AN INDEPENDENT REVIEW
(THIS RIGHT DOES NOT APPLY TO SELF-FUNDED/ASO PLANS)**

The independent review process provides you with an opportunity to have an independent review organization review your dispute. You may choose an IRO from the list provided in this notification. Only disputes that involve medical judgment can be decided through independent review. You can request an independent review if you were denied coverage for treatment because we have determined that the treatment is primarily for cosmetic purposes, not medically necessary, experimental, or investigative. In addition, the total cost of the denied coverage must exceed \$282. This includes the denial of a request for a referral for out-of-network services when the insured requests health care services from a provider that does not participate in the insurer's provider network because the clinical expertise of the provider may be medically necessary for treatment of the insured's medical condition and that expertise is not available in the insurer's provider network. The treatment must be a covered benefit under the insurance contract; benefits specifically excluded from your contract are not eligible for independent review. Pursuant to Wisconsin Statute § 632.835 (3)(f), a decision of an IRO is binding on the insured and the insurer. You may send a written request for independent review to:

Health Insurance Risk-Sharing Plan
Attention: IRO Coordinator
P.O. Box 7458
Madison, WI 53708

Your request for independent review must include:

- ◆ Your name, address and phone number
- ◆ The name of the independent review organization you have selected
- ◆ A check or money order for \$25 made payable to the IRO that you choose (refundable only if the IRO decides in your favor in whole or in part)
- ◆ Any additional information or documentation that supports your position
- ◆ If someone else is filing on your behalf, a statement signed by you authorizing that person to be your representative
- ◆ You must submit your request for an independent review within four (4) months after receiving notice of the disposition of your grievance

You must complete our internal grievance procedure before requesting an independent review. However, you do not need to complete this process if you and WPS/EPIC agree to proceed directly to independent review or if you feel that you need immediate medical care. If you need immediate medical treatment and you believe that the time period for resolving an internal grievance will cause a delay that could jeopardize your life or health, you may ask to bypass our internal grievance process. To do this, send your request to the IRO at the same time you send your request to us.

The IRO will review your request and decide if an immediate review is needed. If so, the IRO will review your dispute on an expedited basis. If the IRO determines that your health condition does not require its immediate review of your dispute, it will notify you that you must first complete the internal grievance process provided by us. After receiving your request for an independent review along with the required information listed in this notice, we will forward all relevant medical records and other documentation used in making our decision to the IRO of your choice within five (5) business days. The IRO then has five (5) business days to review the information and to request any additional information it may need from you or us. After receiving all necessary information, the IRO will make a binding determination within thirty (30) business days.

If the IRO determines that this time period could jeopardize your life or health, we will send all documents within one (1) day and the IRO will then have two (2) business days to request any additional information. We will then forward any additional requested information to the IRO within two (2) business days. The IRO will then make a binding decision within 72 hours. A clinical peer reviewer reviews all of the information provided by you and us, as the insurer. The IRO and its reviewer are required to consider all of the documentation, including your medical records, your attending provider's recommendation, the terms of the coverage of your health plan, the rationale for our prior decision and any medical or scientific evidence. Information will be shared with regulatory agencies only as required by law. For more information on your IRO rights, please contact us at the address listed in this notification, or call the toll-free telephone number listed on your identification card. You may also visit our Web site at www.hirsp.org.

The Wisconsin Office of the Commissioner of Insurance has approved and certified the following Independent Review Organizations listed below for you to choose from. Remember to make your \$25 check or money order payable to the organization of your choice.

IPRO
1979 Marcus Ave.
Lake Success, NY 11042-1002
(800) 227-3143 and Fax (516) 326-1034
www.ipro.org

MAXIMUS – Center for Health Dispute Resolution
Eastgate Square
50 Square Drive, Suite 210
Victor, NY 14564-1099
(800) 356-8151 and Fax (585) 425-5296
www.maximus.com

Medical Review Institute of America
2875 South Decker Lake Drive, Suite #550
Salt Lake City, UT 84125-0547
(800) 654-2422 and Fax (801) 261-3189
www.mrioa.com

Permedion
350 Worthington Rd., Suite H
Westerville, OH 43082-8325
(800) 473-0802 and Fax (614) 895-6784
www.permedion.com

Prest & Associates
(Limited to Psychiatric, Behavior Health & Addictions Medicine)
2712 Marshall Court, Suite 1
Madison, WI 53705
(800) 358-5129 and Fax (608) 232-9929
www.prestmds.com

MCMC LLC
5272 River Rd., Suite 650
Bethesda, MD 20816-1405
(888)313-6267 and Fax 301-652-1250
www.mcmcllc.com