Appeals

IEBP will conduct a full and fair review of your appeal. The appeal will be reviewed by appropriate individual(s) on the IEBP staff for internal review; or a health care professional with appropriate expertise during the initial benefit determination process. The appeal filing deadline below could be superseded by network contractual obligations.

The appellant may request an independent review from an independent state licensed external review organization that is credentialed under URAC (Utilization Review Accreditation Commission). The external review will be conducted by a random URAC selected reviewer who was not consulted initially during the external clinical excellence review.

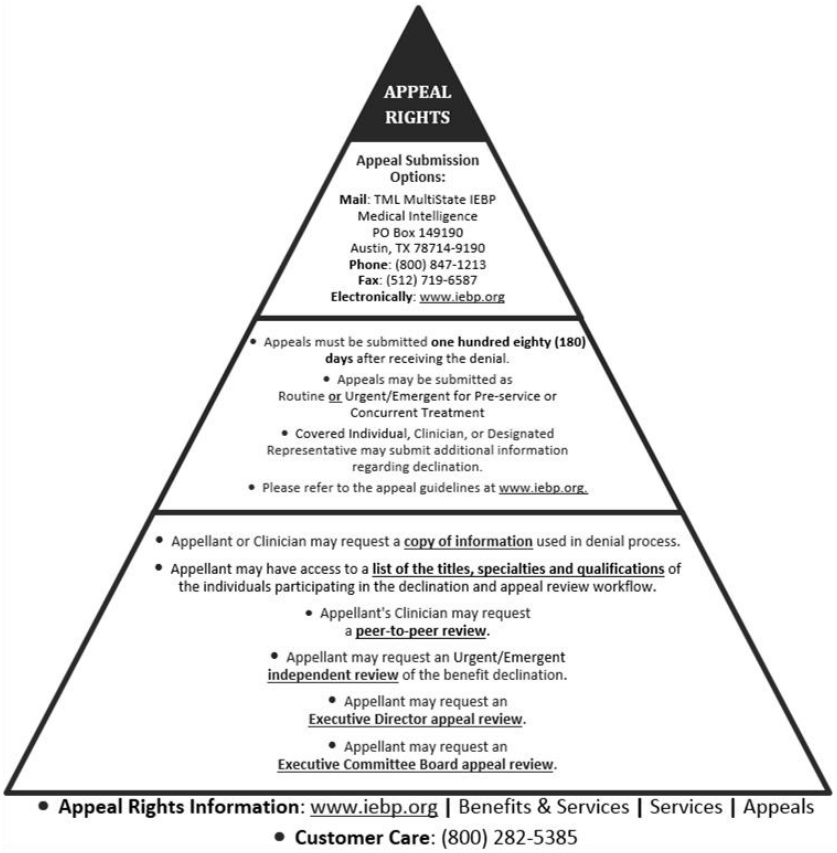
Once the review is complete, if the denial is maintained, the appellant will receive a written explanation of the reasons and facts relating to the denial.

Appeal of Urgent/Emergent Request for Benefits (Adverse Pre-Determination/Notification Request) Prior to Claim Submission		
Type of Request for Benefits or Appeal	**Internal/External Appeal Process**	**Business Hours/Days**
If the appellant appeals the adverse notification determination or declination of notification, the appellant must appeal within:	**Internal**	**one hundred eighty (180) days** after receiving the denial based on a completed review process
If the appellant's request for emergent benefits is incomplete IEBP will send the ***urgent/emergent incomplete pre-determination/notification information declination letter*** within:	**Internal**	**twenty-four (24) hours** of receipt of appellant's information
The appellant must provide a completed information request within:	**Internal**	**forty-eight (48) hours** after receiving the IEBP declination due to incomplete information
If the request for urgent/emergent benefits is complete and not approved, IEBP will send an ***urgent/emergent pre-determination/notification denial letter*** within:	**Internal**	**seventy-two (72) hours**
If the request for concurrent review is complete and not approved, IEBP will send a concurrent review denial:	**Internal**	**twenty-four (24) hours**
If the appellant requests an Independent Review Organization **(IRO)**, the external review appeal request must be submitted for the review within:	**External**	**one hundred twenty (120) days** of receipt of the original denial or response to your appeal
The IRO will complete the review and IEBP will submit the response of ***an expedited urgent/emergent pre-determination/notification*** of a benefit appeal within:	**External**	**seventy-two (72) hours**

Appeal of Non-Emergent Request for Benefits (Adverse Pre-Determination/Notification Request) Prior to Claim Submission		
Type of Request for Benefits or Appeal	**Internal/External Appeal Process**	**Business Hours/Days**
The appellant must appeal the denial no later than:	**Internal**	**one hundred eighty (180) days** after receiving the denial
If the **request for a pre-determination/notification** is ***benefit information incomplete***, IEBP will notify the appellant within:	**Internal**	**five (5) days**
If the **request for pre-determination/notification** is ***clinical information incomplete***, IEBP will notify you within:	**Internal**	**fifteen (15) days**
The appellant must then provide completed information within:	**Internal**	**forty-five (45) days** after receiving an extension notice*
IEBP will notify you of the **first level appeal decision** within:	**Internal**	**fifteen (15) days** after receiving the first level appeal
The appellant must appeal the first level appeal (file a second level appeal) within:	**Internal**	**sixty (60) days** after receiving the first level appeal decision
IEBP will notify you of the second level appeal decision within:	**Internal**	**fifteen (15) days** after receiving the second level appeal*
The appellant may request the appeal be submitted to an IRO. The External Review Request must be submitted within:	**External**	**one hundred twenty (120) days** of receipt of the original denial or response to your appeal
The IRO must complete the review of a ***non-emergent claim or benefit appeal*** within:	**External**	**thirty (30) days**
* A one-time extension of no more than fifteen (15) days only if more time is needed due to circumstances beyond the appellant's control.		

Post-Service Claims		
Type of Claim or Appeal	**Internal/External Appeal Process**	**Business Hours/Days**
The appellant must appeal the claim denial no later than:	**Internal**	**one hundred eighty (180) days** after receiving the denial

Post-Service Claims		
Type of Claim or Appeal	**Internal/External Appeal Process**	**Business Hours/Days**
If the appellant's claim is incomplete, IEBP will notify the appellant within:	**Internal**	**thirty (30) days**
The appellant must then provide completed claim information within:	**Internal**	**forty-five (45) days** after receiving an extension notice
IEBP will notify the appellant of the first level appeal decision within:	**Internal**	**thirty (30) days** after receiving the first level appeal
The appellant must file the second level appeal within:	**Internal**	**sixty (60) days** after receiving the first level appeal decision
The appellant will be notified of the second level appeal decision generally within:	**Internal**	**thirty (30) days** after receiving the second level appeal
The appellant may request an appeal be submitted to an IRO. This request must be submitted for the review within:	**External**	**one hundred twenty (120) days** of receipt of the original denial or response to your appeal
The IRO must complete the review of a non-emergent claim or benefit appeal within:	**External**	**thirty (30) days**
The IRO must complete a requested expedited review of an emergent claim or benefit appeal within:	**External**	**seventy-two (72) hours**



Covered Individuals have access to all documents and records used in making the decision. Medical consultants used in making the decision must be disclosed.

If a claim for benefits is wholly or partially denied, an Explanation of Benefits (EOB) will be furnished to the Covered Individual and the provider of services. This EOB will give the reason(s) the claim was denied. If the Covered Individual or provider of services does not agree with the claim decision or alleges that a contractual prompt payment requirement was not followed in the administration of a claim, he or she may submit an appeal within defined timelines. Relevant information supplied by the Covered Individual or Health Care Provider should be included with the appeal.

For claims denied or partially denied for not being notified, the appeal must include:

- the admission history and physical;

- the discharge summary; and
- the operative and pathology reports (if applicable).

An appeal requested without proper documentation may not be considered. All written appeals should be sent to IEBP's address printed on the Medical/Prescription ID cards or complete the appeal form online at www.iebp.org. Your request must contain the employee's name, social security or subscriber ID number and the exact reason(s) for requesting the appeal and include any supporting documentation. IEBP will notify you of the results of the review within thirty (30) days, unless IEBP informs you that special circumstances require an extended review process. These appeal provisions shall be applicable where a provider makes a complaint that a prompt payment contract was not followed.

The appealing party will be notified in writing of the results of an appeal for failure to provide Notification, and/or a denial or reduction in benefits after receipt of all necessary information to make a determination. All available medical information must be provided at no cost to the Plan. IEBP shall be under no obligation to respond to an appeal of a claim based upon complaints that have previously been addressed by a prior appeal.

If the appealing party does not agree with the results of any appeal, the appeal may be elevated to the Plan's Board of Trustees. To appeal a decision to the Board of Trustees, the appealing party must send their appeal in writing to: TML MultiState IEBP Board of Trustees, 1821 Rutherford Lane, Suite 300, Austin, TX 78754-5151. Unless the appeal specifically requests a Board Appeal, IEBP shall have the discretion to consider the appeal on an internal staff basis. A committee of Trustees will schedule a meeting and hear the appeal. The appealing party may submit additional information and/or appear before the committee. The appealing party will be notified of the date, time and place the committee will meet at least five (5) days prior to the meeting date.

A final decision will be made by the Board of Trustees Appeals Committee and sent to the appealing party. The Appeals Committee's final decision will be in writing and include specific references to the Plan provisions on which the decision was based.

Privacy of Your Health Information

A Federal regulation, called the "Privacy Rule," requires IEBP to protect the privacy of each Covered Individual's identifiable health information. Under the Privacy Rule, IEBP may use and disclose a Covered Individual's identifiable health information only for certain permitted purposes, such as the payment of claims under the health plan. If IEBP needs to use or disclose a Covered Individual's health information for a purpose not permitted under the Privacy Rule, IEBP must first obtain a written authorization signed by the Covered Individual.

IEBP has administrative, physical and technical safeguards in place to protect the privacy of health information. IEBP will notify you regarding privacy breaches per Health and Human Services requirements.

In addition to restrictions on how IEBP may use and disclose a Covered Individual's identifiable health information, the Privacy Rule gives each Covered Individual certain rights. These include the right of a Covered Individual to access his or her health information, to amend his or her health information and to receive an accounting of certain disclosures of his or her health information.

IEBP's Notice of Privacy Practices explains fully how IEBP may use and disclose a Covered Individual's identifiable health information and a Covered Individual's rights under the Privacy Rule. IEBP's Notice of Privacy Practices is available on IEBP's website at www.iebp.org, or an individual may request a paper copy of the notice by calling IEBP's Customer Care at (800) 282-5385.

Security of Your Health Information

A Federal regulation, called the "Security Rule", requires IEBP to ensure the confidentiality, integrity and availability of a Covered Individual's identifiable health information that IEBP receives, creates, maintains or transmits electronically. IEBP has implemented administrative, physical and technical safeguards that meet both Federal requirements and industry standards for the security of electronic health information.