

REQUEST FOR EXTERNAL REVIEW BY IRO

To: Insurance Commissioner, State of Hawaii

From:

Member Name: _____

Address: _____

Telephone: _____ Subscriber ID Number: _____

Health Carrier:

Name: HMSA Member Advocacy & Appeals

Address: P.O. Box 1958, Honolulu, HI 96805-1958

Telephone: 948-5090 Fax: 952-7546

I request external review of a decision by Hawaii Medical Service Association by an Independent Review Organization (IRO) assigned by the commissioner. I have attached to this request the items listed below. **I understand that my request for external review will not be approved if I do not provide these items.**

1. A copy of the decision by HMSA to be reviewed by the IRO;
2. An authorization signed by me or on my behalf for release of my medical records relevant to the external review;
3. A disclosure for evaluation of conflicts of interest; and
4. A check or money order for \$15 made payable to "Department of Commerce and Consumer Affairs," unless payment of the filing fee would impose an undue financial hardship to the member. If that is the case, please provide a statement of the specific financial hardship for consideration by the commissioner.

Note: The filing fee will be returned if the decision of the health carrier is reversed through external review. A member is not required to pay more than \$60 in filing fees for IRO external review in any plan year.

EXPEDITED EXTERNAL REVIEW REQUESTS (CERTIFY ONLY IF REQUEST QUALIFIES TO BE EXPEDITED)

I certify that my request for external review qualifies for treatment as an expedited external review under the Hawaii IRO external review law, as stated in HMSA's notice of my appeal rights.

(Signature of Member/Member's Representative)

EXTERNAL REVIEW BASED ON EXPERIMENTAL OR INVESTIGATIONAL SERVICES

If the decision to be reviewed was based on a determination by HMSA that the requested service is experimental or investigational, I understand that my request for external review must also include:

1. A written certification from my treating physician that standard health care services or treatments have not been effective in improving my medical condition or are not medically appropriate for me, or that there is no available standard health care service or treatment covered by HMSA that is more beneficial than the service or treatment that is the subject of the external review; and
2. (a) A written certification from my treating physician that the service recommended is likely to be more beneficial to me than any available standard health care service or treatment, or
(b) A written certification from my physician, who is licensed and board certified or board eligible, 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 me than any available standard health care services or treatment.