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**RE: Change in External Review Process as mandated by TDI and CMS effective July 1, 2018
For your information only: No action is required.**

All Vista360health members have appeal rights if they get an adverse benefit determination (denial) for health care services that require preauthorization, concurrent or retrospective medical necessity review through the plan. Vista360health reviews adverse determinations through an internal appeal process. If the initial adverse determination is upheld on appeal, members have the right to an External Review by another organization. The external organization is not affiliated with Vista360health, the member's health care providers, or Vista360health's Utilization Review Agent (URA). In life-threatening situations, a member also has the right to request an External Review without completing Vista360health's internal appeal process.

The Texas Department of Insurance (TDI) currently manages the External Review process for Vista360health members. This process uses a licensed Independent Review Organization (IRO) to conduct External Reviews. The federal government has adopted External Review requirements under the Affordable Care Act (ACA) that are not consistent with Texas law. The Texas Department of Insurance (TDI) cannot enforce some federal requirements for External Review. To comply with the federal ACA requirements, the External Review process for Vista360health members will be transitioned to MAXIMUS Federal Services effective July 1, 2018.

A *Frequently Asked Questions* document with information about the new External Review process is on the next page. Keep this for your records. This process will be effective with any External Review requests as result of adverse determinations issued by Vista360health on and after July 1, 2018. All adverse determination notices provided as of that date will contain instructions on how to request an External Review using the new process.

Please contact us with any questions about the new process by calling Vista360health Customer Services at 1-866-607-0117.

Sincerely,

Vista360health

External Review Process Change Effective July 1, 2018

Vista360health

Frequently Asked Questions

What is an External Review?

An External Review allows an independent outside review of adverse benefit decisions (denials). An adverse benefit decision means Vista360health decided against your request to authorize care or has not paid for services already performed through a Retrospective (Claims) appeal. The purpose of the External Review is to find out if Vista360health's decision was right. There is a *standard* External Review and, for emergent and urgent cases, an *expedited* (faster than usual) External Review.

The External Review can be used for denials that involve: medical necessity, appropriateness, health care settings, level of care, effectiveness of a covered benefit, whether a treatment is experimental or investigational, and any other matter that involves medical judgment.

What changes are being made to the External Review process?

Through June 30, 2018, the Texas Department of Insurance (TDI) will manage the External Review process for Vista360health members. This process uses a licensed Independent Review Organization (IRO) to conduct External Reviews. The federal government has adopted External Review requirements under the Affordable Care Act (ACA) that are not consistent with Texas law. The Texas Department of Insurance (TDI) cannot enforce some federal requirements for External Review. To comply with the federal ACA requirements, the External Review process for Vista360health members will be transitioned to MAXIMUS Federal Services effective July 1, 2018.

Starting July 1, 2018, the External Review process will be managed by MAXIMUS Federal Services for Vista360health members. This process allows for an independent, outside review of adverse benefit decisions (a denial). An adverse benefit decision means we decided against your request to authorize care or have not paid for services already performed through a Retrospective (Claims) appeal.

Can I ask someone to request an External Review on my behalf?

If you would like to have another person make an External Review request on your behalf, both you and your authorized representative will need to complete and sign the HHS Federal External Review Process Appointment of Representative (AOR) Form. Section 1 of the form is an Appointment of Representative section that must be completed and signed by you, the Claimant. Section 2 of the form is an Acceptance of Appointment section that must be completed and signed by the representative. The AOR form is available on Vista360health's website here: www.vista360health.com/individuals or www.vista360health.com/physicians .

What is a Standard External Review, and when can I request it?

You or someone acting on your behalf can ask for a standard External Review request through MAXIMUS within four (4) months after the date you received the final internal appeal determination notice from Vista360health. This request can be by mail, or fax.

You or someone acting on your behalf may submit additional information for consideration of your External Review request. For example, you may provide:

- Documents to support the claim, such as physicians' letters, reports, bills, medical records, and explanation of benefits (EOB) forms;
- Letters sent to Vista360health about the denied claim and letters received from Vista360health.

What is an Expedited External Review, and when can I request it?

You can ask for an Expedited External Review (faster than usual) by phone, fax, or mail when:

- You or someone on your behalf has asked for an expedited internal appeal through Vista360health and wants an expedited External Review through MAXIMUS at the same time. The time frame for an expedited internal appeal (72 hours) would place the person's life, health or ability to regain maximum function in danger.

OR

- You or someone acting on your behalf has completed an internal appeal with Vista360health. The decision was not in his or her favor, and:
 - The time frame to do a standard External Review through MAXIMUS (45 days) would place your life, health and ability to regain maximum function in danger, or
 - The decision is about admission, care availability, continued stay or emergency health care services where you have not been discharged from the facility.

How do I request an external review?

When requesting an External Review, you must provide the following information: name and address, phone number, email address, whether the request is urgent or standard, a completed Appointment of Representative Form if someone is filing on your behalf, and a brief description of the reason you disagree with our decision.

You may also complete the HHS Federal External Review Request Form to provide this information and include your denial letter from Vista360health when mailing or faxing in your request to MAXIMUS. This form is available on Vista360health's website here: www.vista360health.com/individual or www.vista360health.com/physicians.

Send your request for external review directly to MAXIMUS at:
MAXIMUS Federal Services
3750 Monroe Avenue, Suite 705 Pittsford, NY
14534

Fax number: 1-888-866-6190

What happens after I request an External Review?

The MAXIMUS Federal Services examiner will contact Vista360health immediately upon receipt of the request for External Review. Vista360health will give the examiner all documents and information used to make their internal decision as soon as possible.

For standard External Review request:

The MAXIMUS Federal Services examiner will contact Vista360health when they receive the request for External Review. Within five (5) business days, Vista360health will give the examiner all documents and information used to make the internal appeal decision.

You or someone acting on your behalf, will receive written notice of the final External Review decision as soon as possible, but no later than 45 days after the examiner receives the request for an External Review.

The MAXIMUS examiner will give Vista360health and you or the person filing on your behalf the External Review decision as quickly as medical circumstances require, but no later than within 72 hours of receiving the request.

You or someone acting on your behalf, will receive the decision over the phone, but MAXIMUS will also send a written version of the decision within 48 hours of the phone call notification. For additional information on the changes to the External Review process, please call the Vista360health Customer Service line at 1-866-607-0117.