

Table 22-9: Notice of Action Content

<p>Notice of Action (Initial Adverse Determinations) Content</p>	<p>Written notice to member and provider shall include:</p>	<p>For Actions (Initial Adverse Determinations) based on issues of medical necessity or an experimental/investigational treatment, the written notice of action shall also include:</p>	<p>For Actions based on a determination that a requested out-of-network service is not materially different from an alternate service available from a participating provider, the notice of action shall also include:</p>	<p>Notices of action regarding denial of an expedited review request shall:</p>	<p>Final Adverse Determination Notices shall include</p>	<p>For action appeals (Final Adverse Determinations) involving medical necessity or an experimental or investigational treatment, a clinical trial, rare disease or in certain instances out-of-network services, the final adverse determination notice shall also include:</p>
<p>The reasons for the determination, including the clinical rationale and a reference to the criteria used, if any.</p>	<p>The member's right to file an action appeal.</p>	<p>A clear statement that the notice constitutes the initial adverse determination and specific use of the terms "medical</p>	<p>Notice of the required information for submission when filing an action appeal as provided for in PHL 4904(1-</p>	<p>Specify the request is reviewed under standard time frames and shall include a description of the standard time frames.</p>	<p>The basis and clinical rationale for the determination.</p>	<p>A clear statement that the notice constitutes the final adverse determination, and specifically</p>

		necessity" or "experimental/investigational", "clinical trial", "rare disease", or in certain instances, "out of network."	a).			use the terms "final adverse determination", "medical necessity" or "experimental/investigational", "clinical trial", "rare disease", or in certain instances, "out of network."
Instructions on how to initiate internal appeals (standard and expedited), and eligibility for external appeals.	The member's right to designate a representative to file action appeals on his/her behalf.	A statement that the specific clinical review criteria used in making the determination is available upon request.	A statement that the member may be eligible for an external appeal.		The words "final adverse determination."	A list of titles and qualifications of the individuals participating in the review, including the title and specialty of the clinical peer reviewer.
Notice that the clinical review criteria used to make such determination is available upon request from the member or the	Notice that an expedited review of the action appeal can be requested if a delay would significantly increase the risk to a member's	A statement that the member may be eligible for an external appeal.	A statement that if the denial is upheld on action appeal, the member has 4 months from the receipt of the final adverse		EmblemHealth contact person and phone number.	A copy of the "Standard Description and Instructions for Health Care Consumers to Request an External Appeal" and the External

member's designee.	health, a toll-free number for filing an oral action appeal, and a form for filing a written action appeal, if used by EmblemHealth.		determination to request an external appeal.			Appeal application form.
A description of what additional information, if any, must be provided to, or obtained by, EmblemHealth to make an appeal determination.	The time frames within which the action appeal determination must be made.		A statement that if the denial is upheld on an expedited action appeal, the member may request an external appeal or a standard action appeal.		The member's coverage type.	
The description of the action to be taken.			A statement that the member and EmblemHealth may agree to waive the internal appeal process and the member has 4 months to request an external appeal from receipt of written notice of that agreement.		EmblemHealth's UR agent, address and phone number.	
A statement that EmblemHealth will not retaliate or take					A summary of the action appeal.	

any discriminatory action against the member if an appeal is filed.						
The process and time frame for filing/reviewing an appeal with EmblemHealth, including the member's right to file an expedited review.					The date the action appeal was filed.	
The member's right to contact the NYSDOH regarding their complaint, with the toll-free telephone number.					The date the appeal process was completed.	
A statement that notice is available in other languages and formats for special needs and how to access these formats.					The health service denied, including the name of the facility/provider and developer/manufactur er of the health care service as available.	
					A statement advising the member may be eligible for external	

					appeal and time frames for appeal.	
					Standard description of the external appeals process attached.	
					Summary of appeal and date filed.	
					Date appeal process was completed.	
					Description of enrollee's fair hearing rights.	
					Right of member to complain to the Department of Health at any time with 1-800 number.	
					A statement that notice available in other languages and formats for special needs and how to access these formats.	