

TOIS: H15I & G Individual and Group Health – HSM H16I & G Individual and Group Health – MM
HOrg02 I & G Individual and Group Health Organizations – Health Maintenance (HMO) (Ohio HIC)

Form #

Form Name

| REVIEW REQUIREMENT | AUTHORITY | CONFIRM COMPLIANCE | COMMENTS |
|---|-----------------------|---|----------|
| Internal and external reviews – for Health Insuring Corporations only | ORC 1751.811 | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| Review of final determination, notice | ORC 3922.03(B)(C) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| Reconsideration by issuer | ORC 3922.06 | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| Provisions applicable to standard reviews – HPI information to IRO, IRO reversal | ORC 3922.08 | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| Provisions applicable to external reviews involving experimental or investigational treatment – Documents to the IRO | ORC 3922.10 (D) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| Provisions applicable to external reviews involving experimental or investigational treatment – Conflict, HPI failure, reversal of decision | ORC 3922.10 (G)(I)(J) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |

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| Provisions applicable to external reviews involving experimental or investigational treatment – Information to HPI | ORC 3922.10 (L) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| Maintenance of records; reports | ORC 3922.17 (B) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| Disclosure of external review procedures – ABD notification | ORC 3922.19 (C)(D) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| Disclosure of external review procedures – final ABD notification, additional information | ORC 3922.19 (E)(F) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| Admissibility of written decision or medicare reimbursement standards | ORC 3922.20 | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |