

Chapter 3922 External Review - all applicable products - Filing Guidance – FORM REVIEW REQUIREMENTS

1

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	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
Request for review of adverse benefit determination	ORC 3922.02	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Internal appeal process	ORC 3922.03 (A)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Exhaustion of issuer’s internal appeal process	ORC 3922.04	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Opportunities for external review by independent review organization (IRO)	ORC 3922.05 (A)(B)(C)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Health plan issuer (HPI) procedures to initiate review	ORC 3922.05 (D)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Request denial and opportunity for review of decision by superintendent	ORC 3922.05 (E)(F)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
IRO consideration and notice requirements	ORC 3922.05 (G)(H)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Information considered for review	ORC 3922.07	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Request for expedited external review	ORC 3922.09	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

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	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
Provisions applicable to external reviews involving experimental or investigational treatment – Eligibility and request method	ORC 3922.10 (A)(B)(C)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Provisions applicable to external reviews involving experimental or investigational treatment – IRO opinion	ORC 3922.10 (H)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Provisions applicable to external reviews involving experimental or investigational treatment – IRO decision and notice	ORC 3922.10 (M)(N)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Review by superintendent of insurance	ORC 3922.11	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Effect of decision	ORC 3922.12	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Payment of costs	ORC 3922.18	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Disclosure of external review procedures – description of procedure	ORC 3922.19 (A)(B)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

Chapter 3922 External Review - all applicable products - Filing Guidance – FORM REVIEW REQUIREMENTS

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	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
Disclosure of external review procedures – exhaustion of internal appeal process	ORC 3922.19 (D)(3)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		