



## **TruAssure Insurance Company**

### **Health Care Insurer Appeals Process Information Packet**

**Rhode Island**

**CARULLY READ THE INFORMATION IN THIS PACKET AND KEEP IT FOR FUTURE REFERENCE. IT HAS IMPORTANT INFORMATION ABOUT HOW TO APPEAL DECISIONS WE MAKE ABOUT YOUR HEALTH CARE.**

**Getting Information About the Health Care Appeals Process**  
**Help in Filing an Appeal**

We must send you a copy of this information packet when you first receive your policy. When your insurance coverage is renewed, we must also send you a separate statement to remind you that you can request another copy of this packet. We will also send a copy of this packet to you or your treating provider at any time upon request. Just call our customer/member services number at 888-559-0779 to ask. There is someone available to answer your call at least five days a week during normal business hours.

No employee or other individual employed by TruAssure Insurance Company receives any compensation, financial, or other incentives based on reduction of services or claims or the number of denials or certifications made on claims or appeals.

**How to Know When You Can Appeal**

When TruAssure Insurance Company does not authorize or approve a service or pay for a claim, we must notify you of your right to appeal that decision. Your notice may come directly from us, or through your treating provider.

**Decisions You Can Appeal**

You can appeal the following decisions:

1. We do not approve a service that you or your treating provider has requested.
2. We do not pay for a service that you have already received.
3. We do not authorize a service or pay for a claim because we say that it is not covered under your insurance policy, and you believe it is covered.
4. We do not notify you, within 10 business days of receiving your request, whether or not we will authorize a requested service.
5. We do not authorize a referral to a specialist.

**Decisions You Cannot Appeal**

You cannot appeal the following decisions:

1. You disagree with our decision as to the maximum plan allowance amount.
2. You disagree with how we are coordinating benefits when you have health insurance with more than one insurer.
3. You disagree with how we have applied your claims or services to your plan deductible.
4. You disagree with the amount of coinsurance or copayments that you paid.
5. You disagree with our decision to issue or not issue a policy to you.

6. You are dissatisfied with any rate increases you may receive under your insurance policy.

If you disagree with a decision that is not appealable according to this list, you may still file a complaint with TruAssure's Grievance Department.

### **Who Can File An Appeal?**

Either you or your treating provider can file an appeal on your behalf. If you decide to appeal our decision to deny authorization for a service, you should tell your treating provider so the provider can help you with the information you need to present your case.

### **Description of the Appeals Process**

There are two types of appeals: an expedited appeal for urgent matters, and a standard appeal. Each type of appeal has 1 level. The appeals operate in a similar fashion, except that expedited appeals are processed much faster because of the patient's condition.

#### **Expedited Appeals**

(for urgently needed services you have not yet received)

Expedited Dental Review  
Expedited Appeal

#### **Standard Appeals**

(for non-urgent services or denied claims)

Appeal

### **EXPEDITED APPEAL PROCESS FOR URGENTLY NEEDED SERVICES NOT YET PROVIDED**

#### **Expedited Dental Review**

**Your request:** You may obtain Expedited Dental Review of your denied request for a service that has not already been provided if:

- You have coverage with us,
- We denied your request for a covered service, and
- Your treating provider certifies in writing and provides supporting documentation that the time required to process your request through the Appeal process (about 60 days) is likely to cause a significant negative change in your medical condition. (At the end of this packet is a form that your provider may use for this purpose. Your provider could also send a letter or make up a form with similar information.) Your treating provider must send the certification and documentation to:

Appeals Department  
TruAssure Insurance Company

111 Shuman Blvd  
Naperville, IL 60563  
888-559-0779  
Fax 630-718-4982

**Our decision:** We have 1 business day after we receive the information from the treating provider to decide whether we should change our decision and authorize your requested service. Within that same business day, we must call and tell you and your treating provider, and mail you our decision in writing. The written decision must explain the reasons for our decision and tell you the documents on which we based our decision.

**If we deny your request:** You may immediately request an expedited appeal.

**If we grant your request:** We will authorize the service and the appeal is over.

### **Expedited Appeal**

**Your request:** If we deny your request at Level 1, you may request an Expedited Appeal. After you receive our original denial, your treating provider ***must immediately*** send us a written request (to the same person and address listed above) to tell us you are requesting an Expedited Appeal. To help your appeal, your provider should also send us any more information (that the provider hasn't already sent us) to show why you need the requested service.

**Our decision:** We have 3 business days after we receive the request to make our decision.

**If we deny your request:** This appeal is final.

**If we grant your request:** We will authorize the service and the appeal is over.

## **STANDARD APPEAL PROCESS FOR NON-URGENT SERVICES AND DENIED CLAIMS**

### **Appeal**

**Your request:** You may obtain an Appeal of your denied request for a service or claim if:

- You have coverage with us,
- We denied your request for a covered service or claim,
- You do not qualify for an expedited appeal, and
- You or your treating provider asks for an Appeal within 180 days of the date we first deny the requested service or claim by calling, writing, or faxing your request to:

Appeals Department  
TruAssure Insurance Company

111 Shuman Blvd  
Naperville, IL 60563  
888-559-0779  
Fax 630-718-4982

**Our decision:** We have 30 days after the receipt date to decide whether we should change our decision and authorize your requested service [or pay your claim]. Within that same 30 days, we must send you and your treating provider our written decision. The written decision must explain the reasons for our decision and tell you the documents on which we based our decision.

**If we deny your request:** This appeal is final.

**If we grant your request:** The decision will authorize the service [or pay the claim] and the appeal is over.

### **Obtaining Dental Records**

You may ask for a copy of your dental records. Your request must be in writing and must specify who you want to receive the records. The health care provider who has your records will provide you or the person you specified with a copy of your records.

**Designated Decision-Maker:** If you have a designated health care decision-maker, that person must send a written request for access to or copies of your dental records. The dental records must be provided to your health care decision-maker or a person designated in writing by your health care decision-maker unless you limit access to your dental records only to yourself or your health care decision-maker.

**Confidentiality:** Dental records remain confidential. TruAssure follows all state and federal laws regarding privacy of dental records. If you participate in the appeal process, the relevant portions of your dental records may be disclosed only to people authorized to participate in the review process for the dental condition under review. These people may not disclose your dental information to any other people.

### **Documentation for an Appeal**

If you decide to file an appeal, you must give us any material justification or documentation for the appeal at the time the appeal is filed. If you gather new information during the course of your appeal, you should give it to us as soon as you get it. You must also give us the address and phone number where you can be contacted. If the appeal is already at Level 3, you should also send the information to the Department.