

# CLAIM REVIEW AND APPEAL PROCEDURES

## Introduction

The Trust Agreement, as ratified by the participating school boards and the participating labor groups, includes a provision for members to appeal claim decisions to the Bucks and Montgomery County Schools Health Care Consortium {"Consortium"}. Any information that is shared as part of the appeals process will be held in the strictest of confidence and in adherence with the provisions of the Health Insurance Portability and Accountability Act {"HIPAA"}.

## Appeal Process

### 1. Timing of Appeal

An appeal by a participating member to the Consortium, will only be considered if the member has exhausted all other appeal processes as defined under the Patient Protection and Affordable Care Act {"PPACA"}. The PPACA appeal process includes two levels of internal appeals and one external appeal. The Consortium has contracted with the medical vendor (currently Aetna) to perform all three (3) levels of appeals as required under PPACA.

### 2. Notification to Consortium

2.1 Any member who has had an appeal denied through all three levels as required under PPACA, has the right under the Trust Agreement, to appeal the decision to the Consortium. The request to have the claim denial reviewed by the Consortium must be submitted in writing within 60 days following the claim denial from the external review. The written request must be filed with the Consortium at the following address and must attach the denials from the internal and external review.

Bucks and Montgomery County Schools Health Care Consortium  
c/o Oswald Companies  
1100 Superior Avenue, Suite 1500  
Cleveland, Ohio 44114

**Attn: Janet Lukas, Senior Client Executive**

2.2 Included in the written request should be the specific grounds on which the member is requesting the claim denial to be overturned as well as any information the member deems to be pertinent. However, should the

member attach any information or documentation to the Appeal, the written appeal must specify why the information or documentation is relevant to the appeal referencing the specific provision(s) of the document(s) being cited.

### **3. Consortium Appeal Committee**

- 3.1 Within thirty (30) business days of receiving the request for appeal, the Consortium will designate an appeals committee to review all pertinent information regarding the claim in question.
- 3.2 At a minimum the appeals committee will consist of the Chair and Vice-Chair of the Consortium. Additional Trustees may be appointed by the Chair and Vice-Chair, provided there are an equal number of labor and management Trustees. A representative from Oswald Companies, acting as the Consortium Consultant, and Counsel will also participate in the appeals committee. No person from the school entity where the member is employed will be permitted to participate in the appeals committee.
- 3.3 If the member filing the appeal is from the school entity of either the Chair or Vice-Chair, then the impacted Chair/Vice-Chair must appoint another labor or management Trustee, not affiliated with the school entity of the affected chair or vice-chair to serve on the appeals committee in their behalf.
- 3.4 Only members of the appeals committee will be able to vote on the appeal in question.
- 3.5 The appeals committee, at their discretion, may also solicit advice from an outside medical expert where deemed appropriate.

### **4. Appeals Committee Review**

- 4.1 Within thirty (30) days of the appeals committee being seated, the committee will hold a meeting to review the information submitted with the appeal request.
- 4.2 The member who has filed the appeal request, will be allowed to present to the appeals committee during the review. The member need not appear for the appeal to be considered.
- 4.3 The member also has a right to have an attorney or other representative present during the review at his/her own expense. The Consortium will not reimburse the member for any out-of-pocket costs associated with hiring said representative.

- 4.4 At the review, the member will be given the opportunity to review all information pertaining to the claim in question as well as information obtained during the internal and external appeal reviews.
- 4.5 If the appeals committee decides it needs additional information, beyond what has been provided from the internal and external appeal processes, it may request the member to submit this information at his/her own cost.

**5. Appeals Committee Decision**

- 5.1 Within thirty (30) days of the appeals committee review (or if the appeals committee determines that additional information is needed, then within thirty (30) days after the receipt of that information), a written decision will be provided to the member.
- 5.2 The written decision will include the reasons for the decision as well as reference the specific provision upon which the decision was made.
- 5.3 If the appeals committee decides to overturn the decision of the external review, then in addition to the written decision provided to the member, the appeals committee will also provide written confirmation of its decision to the medical vendor.
- 5.4 For any overturn of the decision of the external review, the claim will be re-adjudicated, including any adjustments to the member, within thirty (30) days from the date the decision letter is received by the medical vendor. If the medical vendor cannot meet the thirty (30) day requirement, it must notify the Consortium with reasons for the delay.

**6. Adoption**

- 6.1 This revised Claim Review and Appeal Procedures were adopted by the Board of Trustees of the Bucks and Montgomery County Schools Health Care Consortium on the 16th day of November, 2017.
- 6.2 The Trustees reserve the right to modify these procedures if they are considered necessary or appropriate to accurately carry out its responsibilities.