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UM Appeal Policy for Texas

Standard Appeal Process- Non-Urgent Cases

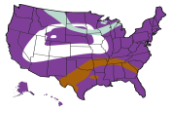
1. If a non-certification has been issued and further review is desired by the ordering or rendering health care provider and/or consumer, or person acting on their behalf shall:
 - a. Submit request for appeal in writing to ALARIS Utilization Review Department, 5001 American Blvd W Suite 405, Bloomington MN 55437 OR via fax to 855-683-5079. A verbal request may also be requested via phone at 888-425-2747.
 - b. The request may be oral or in writing by an enrollee, a person acting on the enrollee's behalf, or the enrollee's physician or health care provider.
 - c. An appeal must be received within 30 days of receipt of the decision.
 - d. Indicate the grounds for appeal and any supporting documentation.
2. Upon receipt of an appeal by UM Staff:
 - a. The appeals letter and attached supporting documentation, with the original information is reviewed, then forwarded to a Clinical Peer Reviewer.
 - b. Further medical information and/or supporting documentation may be requested or required from the ordering health care provider by the Clinical Peer Reviewer.
 - c. Within thirty (30) days of receipt, the Clinical Peer Reviewer will make determination.
 - d. All parties will be informed of the decision by letter to include the principal reason for the determination. A statement of the clinical rationale used in making the appeal decision will be provided in writing upon request. If there are further jurisdictional requirements or options for the appeal process, they will be included in this letter.
 - e. If the appeal is received verbally the UM Staff will send a one page appeal form to the requesting party.

The appeal process will be completed as soon as practicable based on the medical or clinical immediacy of the condition, procedure or treatment but no longer than thirty (30) days from the date of receiving the request.

Expedited Appeals Process – Urgent Cases

1. If a non-certification has been issued and the ordering health care provider believes the decision warrants immediate determination, they shall:
 - a. Submit request for expedited appeal via telephone at 888-425-2747, fax at 855-683-5079 or in writing to ALARIS Utilization Review Department, 5001 American Blvd W Suite 405, Bloomington MN 55437.
 - b. Indicate the grounds for appeal and any supporting documentation.
2. Upon receipt of an expedited appeal by UM Staff:
 - a. The time for resolution of an expedited appeal shall be based on the medical or dental immediacy of the condition, procedure, or treatment under review, provided that the resolution of the appeal may not exceed one working day from the date all information necessary to complete the appeal is received.
 - b. All parties will be informed of the decision within in 72 hours in written form with principle reasons for the decision, and an indication that clinical rationale will be provided upon request. Information on resources to pursue additional appeal mechanisms, if any will be provided.

A physician performing UR reviews for ALARIS must hold a professional certification in a health care specialty appropriate to the type of health care that the injured employee is receiving. Dental reviews and chiropractic reviews will be completed by those specialties that are licensed in their field.



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