

Information About Your Appeal Rights

You have the right to appeal our decision

You have the right to appeal our decision not to pay for an item or service (in whole or in part). You have 180 calendar days from the date of this notice to submit an appeal. If you request an appeal after 180 days, you must explain why your appeal is late. At our discretion, we may accept an appeal that is filed beyond the 180-day timeframe if there are extenuating circumstances that prevented you from filing an appeal.

How to file an appeal

You can ask for an appeal by completing the attached Appeal Form. Be sure to include additional medical information, such as medical records or other information you want us to review.

You can submit your appeal by mail, fax, or email to:

Mail to

Harbor Health Insurance Company
Attn: Appeals Department
P.O. Box 211262
Eagan, MN 55121

Or Fax (512) 271-4493

If the situation is urgent

If the situation meets the definition of urgent under the law, your review will generally be conducted within 72 hours. An urgent situation is one in which the member's health may be in serious jeopardy or experiencing pain that cannot be adequately controlled while there is a decision on the appeal. If you believe the situation is urgent, you may request an expedited appeal on the Appeal Form using the contact information above.

What happens next

If you appeal, within five (5) working days of receipt of an appeal, we will send the appealing party a letter acknowledging the date that we received the appeal and a list of documents that we may need for our review.

Our deadlines to resolve the appeal and send a written decision to you and the member, or the member's designated representative, are:

- **Standard Appeal:** Thirty (30) calendar days of receipt of the appeal.
- **Expedited Appeal:** We will resolve the expedited appeal based on the immediacy of the medical condition, procedure, or treatment, but will not exceed one (1) working day from the date we received all information necessary to complete the appeal. We may provide the determination by telephone or electronic transmission, but we will provide a written determination within three (3) working days of the initial telephonic or electronic notification.
- **Acquired Brain Injury Appeal:** Not later than three (3) business days after the date on which the individual submits the appeal. The notification of the determination must be provided through a direct telephone contact to the individual making the request. We will provide a written determination within thirty (30) calendar days of receipt of the appeal.
- **Specialty Appeal:** The provider of record may request a specialty appeal, which requests that a specific type of specialty provider review the case. The provider must request this type of appeal within ten (10) working days from the date the appeal was requested or denied. We will complete the specialty appeal and send our written decision to the member or the person acting on the member's behalf and the provider within fifteen (15) working days of receipt of the request for specialty appeal.

Right to an Immediate Review by an Independent Review Organization (IRO)

If the member has a life-threatening condition or receives a denial for intravenous infusions for which the member is currently receiving benefits, you, the member, the member's designated representative, or provider of record can request an immediate review by an IRO and is not required to follow our internal appeal procedures. See below for more information about the independent review.

Exhaustion of Internal Appeals: We will not require exhaustion of our internal appeals process if: (a) we fail to meet our internal appeal process timelines, or (b) the member has an urgent care situation and file an external review before exhausting our internal appeal process, or (c) we decide to waive the appeal process requirements.

An expedited internal appeal and external review may be done at the same time if the member is eligible for an immediate review by an IRO.

Independent Review Organization (IRO)

If we deny the appeal (continue to deny the services or treatment described above), the member, the member's designated representative, or the provider of record has the right to request a review by an IRO within four (4) months of the final internal appeal decision. The IRO does not have an affiliation with Harbor or the member's health care providers. Standard (non-expedited) requests must be requested in writing, and expedited requests for urgent care can be requested orally or in writing.

To request the IRO review, submit the completed External Review Request Form found at <https://www.tdi.texas.gov/forms/finmcqa/lhl009urairoreq.pdf> and send it to:

Mail or Fax

Harbor Health Insurance Company
Attn: Appeals Department
P.O. Box 211262
Eagan, MN 55121
Fax Number: (512) 271-4493

The member must sign the consent to release medical information to the IRO (included as part of the External Review Request Form). The appeal will be forwarded to an IRO for review and a determination.

Harbor Health will comply with the IRO's determination with respect to the medical necessity or appropriateness of health care items and services, and the experimental or investigational nature of health care items and services.

Provider Appeal Request Form

To begin the appeal process, complete this form, attach any relevant medical information, and mail or fax it to:

Mail

Harbor Health Insurance Company
Attn: Appeals Department
P.O. Box 211262
Eagan, MN 55121

Fax

Fax Number: (512) 271-4493
Provider Line: (855) 481-0525

Email: customerservice@HHIC.com

Date: _____

Member Name: _____ Member ID: _____

Name of provider filing the appeal: _____

Are you requesting an expedited appeal? ☐ Yes ☐ No

Is the member experiencing a life-threatening condition? ☐ Yes ☐ No

Briefly describe why you disagree with this decision. Please attach additional information, such as medical records or other documents, to support the reason for your appeal.
