	APPEAL OF HEALTH PLAN ADMINISTRATOR DECISIONS	Administrative Regulation #	GBK
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Administrative Regulation

1. Purpose

To provide employees a due process procedure to appeal the denial of health coverage for self-insured plans.

2. Scope


Medical, prescription drug, and dental insurance coverage is provided by Carroll County Public Schools on a self-insured basis to employees and retirees.

3. Responsibilities

As a self-insured plan, the final responsibility for decisions on appeals made by, or on behalf of, plan members who have been denied coverage by the third party claim administrator is Carroll County Public Schools. Therefore, the Superintendent shall establish a procedure which outlines final authority for health plan appeals and through which employees are assured due process for appealing denials of health coverage.

4. Procedure

- A. An Appeals Committee shall be established by the Superintendent to provide a final approval or denial of payment of claims denied by the third party claim administrator.
- B. The Appeals Committee shall consist of the following members:
 1. Director of Human Resources (or designee)
 2. Chief Financial Officer (or designee)
 3. Assistant Superintendent of Administration (or designee)
 4. Human Resources Supervisor
 5. Supervisor of Health Services
 6. Non-Voting Human Resources Representative (Employee Benefits & Insurance Administrator)
- C. Appeals shall be separated into two categories: administrative claim appeals and medical necessity claim appeals. Administrative claim appeals are those appeals that are denied or paid at a lower benefit level due to an administrative issue. Medical necessity claim appeals are those claims that were denied for medical necessity due to the third party claim administrator criteria or deemed to be experimental treatment. The non-voting member (or designee) shall review each appeal received and make the determination of the category for each appeal.
- D. The non-voting member (or designee) shall review the administrative claim appeals and render a decision. The non-voting member shall be available to provide

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information and input in the decision-making process to the appeals committee for medical necessity claim appeals. A majority vote of the five (5) voting members will be needed to override a claim for medical necessity.

- E. The Appeals Committee will review medical necessity claim appeals where the employee and/or provider have exhausted all available levels of appeal with the third party claim administrator. For cases of medical claims denied for medical necessity or experimental treatment, a review by the external review agency offered by the third party claim administrator must be performed. The Appeals Committee will only review payment disputes in excess of \$50.00.
- F. A Request for Health Plan Claim Appeal Form must be submitted to the Department of Human Resources, attention: Benefits Plan Appeals, within 60 days from the date the individual is sent written notice that the final appeal to the third party claim administrator has been denied unless the claim is directly sent by the third party claim administrator. If a review by the medical third party claim administrator's external review agency is required, the form must be submitted within 60 days from the date the agency has rendered its opinion.
- G. An individual seeking a review by the Appeals Committee must provide written documentation to the Committee supporting the request. He or she may also choose to address the Committee in person to present the request and any documentation. After reviewing the information, the Committee may request additional information and/or documentation. Such information must be provided within 15 days of the request.
- H. The Committee will issue a written decision no more than 60 days from the date of the Appeals Committee meeting.
- I. All information submitted to the Appeals Committee will be kept strictly confidential by the Committee.
- J. All time limits may be extended by the Committee if reasonably necessary.
- K. The Superintendent designates the Appeals Committee as the final decision maker.
- L. The Board of Education designates the Appeals Committee as CCPS' final decision maker.
- M. Further appeal may be taken to the Circuit Court of Carroll County.

5. Expiration/Review

The policy will be reviewed on an annual basis.