

Request for External Appeal of Health Insurance Denial

If a claim, service, or prescription continue to be denied by your health insurance company, you have the right to appeal that denial. When you have exhausted your first-level appeal rights with your insurer, Minnesota law requires your insurer to notify you of your right to an external appeal through the Minnesota Department of Health (MDH). These appeals are sometimes referred to as “External Reviews”.

Send this form and supporting documents to:

Email:
health.mcs@state.mn.us

OR

U.S. Mail:
Minnesota Department of Health
Attn: Managed Care Systems Section
P.O. Box 64975
St. Paul, MN 55164-0975

External Appeal

The External Appeal will be performed by a state-approved Independent Review Organization (IRO) contract vendor. The IRO contract vendor’s employees and clinicians are impartial, separate from, and have no affiliation with any health plan.

External appeals can take up to 45 days to resolve. If this could harm your health you can request an expedited, 72-hour appeal.

The result of an External Appeal is nonbinding on you, the insured, but it is binding on the health plan company. If you lose, you have the right to appeal the decision in court. If the health plan company loses, it cannot appeal the decision.

- If you wish to file a request for an External Appeal, please complete and mail the attached application and any supporting evidence to the address above or email to health.mcs@state.mn.us.
- When we receive the application, we will forward your appeal to a state-approved IRO contract vendor.

Mediation (not available for expedited cases)

Most appeals are based on written information submitted by you and the health plan company. In mediation, however, you and the health plan company talk about the appeal and try to resolve it (virtually, by phone, or in person) with a trained mediator.

If either you or the health plan company request mediation, the IRO vendor will decide if mediation is appropriate for your case.

External Appeals Checklist (optional):

Your health insurance company is required to send the IRO the complete record of your appeal, including any information you have already given them. However, you can include copies of any information you want the IRO to consider- make sure you retain originals for your records. Use this checklist to indicate which documents are included with this appeal:

External Appeal application completed, with date and signature.

A statement describing the appeal.

Statements and/or letters of medical necessity from your healthcare provider(s).

A copy of the most recent denial letter from your insurer.

Any supporting documents (e.g., medical records, peer-reviewed studies, photos, etc.)

Other:

Request for External Appeal

Enrollee/Insured Information

**Indicates Required Field*

Name*:

Contact Information

Primary Phone*:

Dependent Name (if the appeal is for a minor child or person under guardianship):

E-mail*:

Health Plan Information

Health Insurance Company*:

Address*:

Enrollee/Insurance ID#*:

Health Plan Mailing Address:

City*:

State*:

Zip Code*:

Authorized Representative Information

Representative Name:

Representative Phone:

Relationship to Enrollee/Insured:

Representative E-Mail:

I am the enrollee or adult dependent and I authorize the person designated above to represent me in my external appeal.

Signature:

Date:

Summary of Appeal

Describe the reason for your appeal:

Expedited (Fast, 72-hour) Appeal

A normal appeal can take 45 days. If you believe a 45-day wait could harm your health, or the health of the person you are representing, you may get an expedited 72-hour appeal pursuant to Minnesota Statute 62Q.73, Subd. 6. (e) (1).

Your healthcare provider must agree you need a fast appeal. Enter your provider's information below:

Provider's Name:

Provider's representative/contact person:

Provider's Address:

Provider's phone number:

Information and Use of Data

The information you are providing is needed to process your request for external appeal and to forward the information to a state approved contract vendor. You are not legally required to provide any private or confidential data to an approved vendor, or the Department of Health, and you may refuse to provide any data. However, failure to provide requested data could affect the outcome of your appeal. If the Department of Health identifies the need to conduct its own investigation of your appeal, we will contact you directly to discuss our investigation process and obtain any necessary information.

Signature and Release of Person Requesting Appeal

All the information in this form is true to the best of my knowledge. I am insured in the above health plan company and have gone through my health plan company's internal appeal process. I authorize my health plan company and my medical providers to release my medical records to the Minnesota Department of Health solely for the purpose of reviewing my appeal. This consent will be revoked upon the conclusion of the external review. I authorize the Minnesota Department of Health to forward any documents connected to my external review to a state-approved IRO contract vendor.

Insured or Representative Signature*:

Date*: