



New Jersey Department of Banking and Insurance

Notice of Intent to Appeal an Adverse UM Determination – Stage 3

Name of Health Care Provider

Date

Name of Patient

Address

Address

Address

Insurance Carrier:		
Ins. ID:	Claim No:	Med Record:
DATE OF:		
Service/Admission:	Discharge:	
Consent and Authorization:	UM Determination:	
Stage 1 Notice of Intent to Appeal:	Stage 1 Decision:	
Stage 2 Notice of Intent to Appeal:	Stage 2 Decision:	

Dear :

Health care services you received were determined by your carrier not to be medically necessary. We disagreed with the carrier’s determination, and filed a Stage 1 appeal. We appealed on your behalf based on the signed *Consent to Representation in Appeals of Utilization Management Determinations and Authorization of Release of Medical Records in UM Appeals and Arbitration of Claims (Consent and Authorization)* you gave us. As required by law, we sent notice to you of our intent to file a Stage 1 appeal. The carrier issued a determination on the Stage 1 appeal and we still disagreed with the carrier’s determination. We provided notice to you of our intent to file a Stage 2 appeal, and then filed a Stage 2 appeal.

The carrier has now issued a determination on the Stage 2 appeal, and we continue to disagree with the carrier’s decision. **THIS IS NOTICE OF AN INTENT TO FILE A STAGE 3 APPEAL WITH THE INDEPENDENT HEALTH CARE APPEALS PROGRAM.**

There are three stages to the appeal process. In Stage 1, the carrier had a health care provider review your case again. The health care provider was not the same health care provider who originally denied the services. At Stage 2, the carrier had a panel review your case, including at least one health care provider familiar with the services for your condition.

Because we still disagree with the carrier’s determination after the end of the Stage 2 appeal, we have decided to file an appeal with the New Jersey Department of Banking and Insurance’s Independent Health Care Appeals Program (IHCAP). The IHCAP contracts with Independent Utilization Review Organizations (IUROs). The *Consent and Authorization* allows

us to ask for a review by an IURO, and to share your personal health information with employees at the New Jersey Department of Banking and Insurance, the IURO, and with the IURO's health care providers as necessary for the appeal to be processed and reviewed. However, your information will be treated confidentially in all instances. The cost of filing an appeal is \$25.00. We are solely responsible for the costs when we file on your behalf.

You may revoke or cancel your *Consent and Authorization* at any time by completing the back page of the copy of the *Consent and Authorization* which we gave to you for your records. Or, you may write your own note simply saying that you revoke your prior *Consent and Authorization* (include the date you signed the *Consent and Authorization*). In both instances, return any notice of revocation to:

New Jersey Department of Banking and Insurance
Consumer Protection Services
Office of Managed Care – Attn: IHCAP
P.O. Box 329
Trenton, NJ 08625-0329
Fax: (609) 633-0807
Courier service: 20 West State Street

In addition, we would appreciate a copy of the revocation as well. Even if you do not revoke your *Consent and Authorization*, it will expire two years after you signed it.

If you have questions regarding this matter, you may contact us at:

[Standard sign-off language]