




Roger A. Seigny
Commissioner

**The State of New Hampshire
Insurance Department
21 South Fruit Street, Suite 14
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Alexander K. Feldvebel
Deputy Commissioner

BULLETIN
Docket No.: INS 06-041-AB

TO: All New Hampshire Licensed Health Insurance Companies, Health Maintenance Organizations, Fraternal Benefit Societies and Third Party Administrators

FROM: Roger A. Seigny 
Insurance Commissioner

DATE: November 9, 2006

RE: External Review Application Processing Procedures

This bulletin is issued to inform the industry of recent revisions to the New Hampshire Insurance Department's (Department's) External Review processing procedures. These changes were undertaken in an effort to ensure the privacy rights of consumers, and to clarify for health carriers how the Department will document communications and determine response deadlines concerning External Review applications. We are optimistic that these revisions will lead to better understanding of the carrier's obligations and greater protection of consumer medical information.

Therefore, commencing on the date of issue of this bulletin:

- All carriers are requested to submit medical information concerning an accepted External Review application to the Department in a sealed envelope or envelopes. The individual sealing the envelope is asked to sign the flap with the signature extending across the flap onto the body of the envelope. In addition, indicate the envelope's number in the sequence of the total number of envelopes (i.e. #1 of 5), indicate the consumer's name on each envelope, and mark each envelope "Confidential".

- All External Review application acceptance notices will be forwarded to carriers via certified mail. In this manner, the carrier will know when the 10-day deadline for External Review document submission begins to run, and the Department will have a record of the date of receipt of the acceptance notice by the carrier. It is anticipated that this methodology will reduce or eliminate misunderstandings about submission deadlines. In addition, the Department will notify carriers of all rejected External Review applications by providing the carrier with a copy of the letter notifying the applicant that the appeal does not meet the criteria for External Review.
- The Department will communicate with the carrier by letter concerning all aspects of the application and review process for standard, non-expedited, External Reviews. However, confirmation of fully funded status and internal appeal completion will continue to be requested from the carrier by e-mail, as these are threshold issues for determining whether the application is eligible for External Review. Carriers may, and are encouraged to, respond via e-mail to this Department inquiry. However, in order to properly document the external review file, all other communications to and from the Department related to non-expedited appeals shall be by letter.
- Carriers are reminded of the provisions of Ins. 2703.05(m). This rule requires carriers to provide the Department with a statement of the amount of payment that was made on the claim(s). The rule requires this statement be provided at the same time the carrier notifies the Department of confirmation of coverage following an External Review decision in favor of the applicant. Please note that, contrary to earlier communications carriers may have received from the Department, carriers will not be required to report the amount the applicant would have paid if the External Review did not uphold the applicant's position. Therefore, carriers need only report the carrier's actual payment(s) to providers.

We hope these processing enhancements will assist all involved and protect the privacy interests of External Review applicants. If you have any questions or concerns you may contact Joellen Atwater, Director of LAH Market Conduct Examinations, or Kathleen Belanger, Director of Consumer Services, at 603-271-2261.