



## Wisconsin Department of Employee Trust Funds INDEPENDENT REVIEW (IR) PROCESS

The independent review process provides you with an opportunity to have an Independent Review Organization (IRO) review your dispute. If you would like more information about how filing a request for an independent review will affect your rights for a review under the Department of Employee Trust Funds, you should contact the Ombudsperson directly at (877) 533-5020.

An IRO will be randomly selected by us to review your dispute. Only disputes that involve medical judgment can be decided through independent review (IR). You can request an IR if you were denied coverage for treatment because we have determined that the treatment is not medically necessary, experimental, investigative or was related to a pre-existing condition. This includes the denial of a request for a referral for out-of-network services when the insured requests health care services from a provider that does not participate in the insurer's provider network because the clinical expertise of the provider may be medically necessary for treatment of the insured's medical condition and that expertise is not available in the insurer's provider network. You may also request an IR if you disagree with our determination regarding the diagnosis and level of service for treatment of autism. The treatment must be a covered benefit under the insurance contract; benefits specifically excluded from your contract are not eligible for an IRO.

In addition, you may request an IR if your coverage was rescinded. Rescission occurs when we retroactively cancel or modify the terms of your policy because of inaccuracies or omissions contained in your insurance application. You may send a written request for independent review to:

**Wisconsin Physicians Service Insurance Corporation**  
**Attention: IRO Coordinator**  
**P.O. Box 7458**  
**Madison, WI 53708**

Your request for independent review must include:

- ◆ Your name, address and phone number
- ◆ Any additional information or documentation that supports your position
- ◆ If someone else is filing on your behalf, a statement signed by you authorizing that person to be your representative
- ◆ You must submit your request for an independent review within four (4) months after receiving notice of the disposition of your grievance

You must complete our internal grievance procedure before requesting an independent review. However, you do not need to complete this process if you and WPS agree to proceed directly to independent review or if you feel that you need immediate medical care. If you need immediate medical treatment and you believe that the time period for resolving an internal grievance will cause a delay that could jeopardize your life, health, or ability to regain maximum function, you may request an expedited review to bypass our internal grievance process.

After receiving your request for an independent review along with the required information listed in this notice, we will forward all relevant medical records and other documentation used in making our decision to the randomly selected IRO within five (5) business days. The IRO will review the information and will request, generally within five (5) business days, any additional information it may need from you or us. After receiving all necessary information, the IRO will make a binding determination, typically within thirty (30) business days.

Upon receipt of an expedited review request, we will review your information and decide if an immediate review is needed. If so, we will forward your request to the IRO and they will review your dispute on an expedited basis. If we disagree about whether or not your dispute is eligible for an expedited review, we will forward your request to an IRO for their determination. If the IRO determines that this time period could jeopardize your life, health, or ability to regain maximum function, we will send all documents within one (1) day and the IRO will review the material, normally within (2) business days, and will request additional information, if necessary. We will then forward any additional requested information to the IRO within two (2) business days. The IRO will then make a binding decision, normally within 72 hours.

A clinical peer reviewer reviews all of the information provided by you and us, as the Health Benefit Plan Administrator. The IRO and its reviewer are required to consider all of the documentation, including your medical records, your attending provider's recommendation, the terms of the coverage of your health plan, the rationale for our prior decision and any medical or scientific evidence. For more information on your IR rights, please contact us at the address listed in this notification, or call the toll-free telephone number listed on your identification card. You may also visit our Web site at [www.wpsic.com](http://www.wpsic.com).