This document is an Amendment to your Plan's policy.

An amendment adds, modifies, deletes or otherwise changes a benefit listed in your Policy. You can make the most of your coverage with Health Alliance by reading your Amendments and keeping them with your Policy for future reference.

Health Alliance

Regarding: 1. Appeals Procedures

HEALTH ALLIANCE HMO
GROUP POLICY AMENDMENT

Health Alliance HMO Group Policy IL GRPHMO 2005 is amended as follows:

The ***APPEALS*** *section is revised by replacing the entire section with the following:*

APPEALS

Appeals are divided into two categories: administrative decisions, or denials of coverage based on Medical Necessity. You, your authorized representative, Physician or other health care Provider may request an appeal of either category. The party filing the appeal may send us written comments, documents, records, or other information regarding your appeal. All available information relevant to your appeal will be considered when reviewing your appeal. A Clinical Peer not involved in the initial denial will review Medical Necessity appeals. A review committee or an individual not involved in the initial denial and who does not work under the authority of the initial decision maker will review administrative appeals.

You, your authorized representative, Physician or other health care Provider may request an appeal within 180 days of receiving the initial denial notice by calling the Member Relations Department at 1-800-500-3373, or by writing to the Member Relations Department, Health Alliance Medical Plans, 301 S. Vine St., Urbana, Illinois, 61801-3347.

Appeal Procedures for Non-Urgent Care Decisions (Pre-Service Claims)
You, your authorized representative, Physician or other health care Provider may request an appeal for denial of requested health care services that require Preauthorization. Health Alliance will notify the party filing the appeal within three business days of all information requested to evaluate the appeal. Health Alliance will make a decision and notify you, your authorized representative, Physician and any health care Provider who recommended services in writing within 15 days of receipt of all requested information, but not later than 30 calendar days after receipt of the request for an appeal.

Appeal Procedures for Urgent Care Decisions (Pre-Service Claims)
You, your authorized representative, Physician or other health care provider may request an appeal for denial of requested health care services that require Preauthorization. Health Alliance will make a decision and notify you, your authorized representative, Physician and any health care Provider who recommended services by telephone within 24 hours of receipt of all requested information, but not later than 72 hours after receipt of the request for an appeal. You, your authorized representative, Physician and any health care Provider who recommended services will receive written notice within three days of the decision.

Appeal Procedures for Concurrent Care Decisions
You, your authorized representative, Physician or other health care Provider may request an appeal when coverage will be reduced or terminated for ongoing treatment. The appeal must be made at least 24 hours before the scheduled reduction or termination of coverage for treatment. Health Alliance will make a decision and notify you, your authorized representative, Physician and any health care Provider who recommended services by telephone within 24 hours of the request for an appeal. You, your authorized representative, Physician and any health care Provider who recommended services will receive written notice within three days of the decision.

Appeal Procedures for Coverage Decisions (Post-Service Claims)
You, your authorized representative, Physician or other health care Provider may request an appeal for denial to pay or reimburse health care services that have already been provided. Health Alliance will notify the party filing the appeal within three business days of all information requested to evaluate the appeal. Health Alliance will make a decision and notify you, your authorized representative, Physician and/or other health care Provider in writing within 15 days of receipt of all requested information, but not later than 60 calendar days after receipt of the request for an appeal.

Civil Action under ERISA
You have the right to file a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA) if your appeal has not been approved after all reviews have been completed.

External Review of Appeals
For Medical Necessity denials, you, your Physician or other health care Provider may request an external review if you are not satisfied with the Health Alliance resolution of denial of coverage for health care services. The party requesting the review may call the Member Relations Department at 1-800-500-3373, or write to the Member Relations Department, Health Alliance Medical Plans, 301 S. Vine St., Urbana, Illinois, 61801-3347.

The Member Relations Department will facilitate the process for selection of an external independent review organization. Selection of the independent reviewer must be agreed upon by you, your Physician or other health care Provider and Health Alliance.

- **Medical Necessity Review**
  An external review may be requested in writing within 30 days after receipt of notification that your appeal for approval of coverage of health care services has been denied. Records and supporting documentation will be forwarded within 30 days of your request to the external independent review organization. The independent reviewer will make a decision within five days after receipt of necessary information. Health Alliance will provide oral and written notification of the decision to all parties involved in the appeal.

- **Expedited Medical Necessity Review**
  An expedited review may be requested orally or in writing if you, your Physician or other health care Provider involved in the appeal believe that the denial of coverage of health care services could significantly increase risk to your health. On Saturday, Sunday, holidays or after business hours, leave a message that includes a telephone number of the party to contact. The party requesting the review will be contacted within 24 hours of the appeal submission for information that is required to evaluate the appeal. A decision will be made within 24 hours after receipt of the required information. Health Alliance will provide oral and written notification of the decision to all parties involved in the appeal.

In the event of conflict or inconsistency between this Amendment and the Policy, together with any previous Riders and Amendments, the provisions of this Amendment will control in all respects.