



State of Nevada  
Office for Consumer Health Assistance  
Governor's Consumer Health Advocate  
Bureau for Hospital Patients  
Office of Minority Health  
555 E. Washington Ave., Suite 4800, Las Vegas, Nevada 89101  
702-486-3587 or 888-333-1597

*Brian Sandoval*  
Governor

*Michael J. Willden*  
Director, Health and Human Services

*Janise Holmes*  
Governor's Consumer Health Advocate

## EXTERNAL REVIEW PROCESS

### FINAL ADVERSE DETERMINATION BY MCO, HMO, OR CERTAIN INSURERS

#### I. Process:

- a. Exhausted all procedures set forth in the HP appeal process or
- b. A Health Plan may request External Review through GovCHA without requiring exhaustion of the internal process.

#### II. Requirements:

- a. Provider and/or insured receives a final INTERNAL adverse determination
- b. Insured required to pay \$500 or more for the health care services

#### III. Timeframes:

- a. Physician, insured or authorized representative, within **60 days** after receiving notice of the final adverse determination may submit a request to the Health Plan for an External Review.
- b. Within **5 days** of receiving the request the Health Plan shall notify the physician, insured or authorized representative, the agent of the health plan who performed the review and the Office for Consumer Health Assistance that the request was filed.
- c. The Office for Consumer Health Assistance will assign as soon as practicable, an External Review Organization on a rotating basis in writing to the health plan and ERO.
- d. Within **5 days** of receiving notification of the ERO, the Health Plan will provide all documents and materials relating to the final adverse determination: including without limitation to the assigned ERO
  1. medical records
  2. copy of provision of the health care plan upon which the final adverse determination was based
  3. documents used by the health plan to make the final adverse determination
  4. reasons for the final adverse determination
  5. list that specifies each provider of health care who has provided health care to the insured and medical record of the provider of health care relating to the external review.
- e. Within **5 days** of receiving the request for external review the ERO will review the documents and material and notify the consumer, physician and health plan if any additional information is required.

IV. Within **15 days** of receiving all information needed for the review the ERO is to make a determination.

The ERO will submit a copy of the determination to the consumer, physician of the insured, health plan and must include in Annual Reporting to GovCHA.



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### **EXPEDITED EXTERNAL REVIEW**

*A health plan shall approve or deny a request for an external review of a final adverse determination in an expedited manner not later than **72 hours** after it receives proof from the insured's provider of health care that failure to proceed in an expedited manner may jeopardize the life or health of the insured.*

The Governor's Office for Consumer Health Assistance (GovCHA) will on a monthly basis, designate two ERO's to conduct expedited external reviews. This will be done on a rotating basis of the certified ERO's. They will be posted on the GovCHA website <http://govcha.state.nv.us>.

No later than 1 day after approving the request, the health plan will assign the request to an ERO from the 2 designated by GovCHA and send all document and material at the same time.