

INTERNAL APPEALS – YOU MUST FOLLOW THIS PROCEDURE FIRST

If you receive a denial Explanation of Benefits (EOB) or letter, follow the steps for the denial reason listed in the chart below. **IMPORTANT: UMR must be contacted within 180 days of your receipt of the claim denial. If UMR does not receive your appeal with the requested information within 180 days, your appeal right will be forfeited.**

Reason for Denial	What You Should Do First	What You Should Do Next
<p>Additional information requested that only you can provide, for example, information on other insurance coverage or whether a claim is the result of an injury and the details of the accident</p>	<p>Provide the requested information to UMR. Call UMR at 800-265-2693 to provide accident details or 800-236-8672 for other reasons. UMR may require that the requested information be provided in writing. Send information to UMR at 2700 Midwest Drive, Onalaska, WI 54650. Document the dates of mailings and phone calls and the name of the person you talked with at UMR.</p>	<p>If UMR does not contact you or the claim is not processed within 4 weeks, contact UMR to get a status on the claim. Call UMR at 800-236-8672. Be sure to document your phone calls.</p>
<p>Additional medical information is needed</p>	<p>Contact the medical provider and ask them to send the additional medical information to UMR. Document the dates of phone calls and the name of the person you talked with at the provider's office.</p>	<p>Follow up with the medical provider and UMR every 1 to 2 weeks until you receive confirmation that the requested medical information has been received by UMR. Be sure to document your phone calls.</p>
<p>Treatment or service is not covered due to UMR's determination that it is not medically necessary or the treatment or service is experimental/investigational/unproven</p>	<p>Contact the medical provider for their opinion and ask them for assistance. Ask them to send you additional information as to why the treatment or service should be covered and include it with your written appeal to UMR. Document the date of phone calls and the name of the person you talked with at the provider's office.</p>	<p>Follow up with the medical provider every 1 to 2 weeks until you receive the requested medical information and submit your written appeal to UMR. Be sure to document your phone calls.</p>

UMR will review one inquiry submitted directly by your medical provider in relation to a denied claim. In order for your provider to submit an official appeal under the terms of the plan, you must designate them as your authorized representative and delegate your rights under the plan to the provider. Contact UMR for a copy of the Designation of Authorized Representative form.

See the St. Francis School District Summary Plan Description (SPD) Section 4, page 4-13 for more detailed information.

FEDERAL EXTERNAL REVIEW PROGRAM - ELIGIBLE ONLY AFTER INTERNAL APPEAL HAS BEEN EXHAUSTED

If you are not satisfied with the final decision on an internal appeal, you may request an independent external review. There is no charge to you for an independent external review. **IMPORTANT: UMR must be contacted for a request for an independent external review within four (4) months of the date you receive the denial from your internal appeal, otherwise your independent external review right will be forfeited. An external review only applies if the denial is for one of the three reasons shown in the chart below.**

Reason for Denial	What You Should Do First	How to Respond to UMR
<p>Treatment or service not medically necessary</p> <p>Treatment or service experimental or investigational or unproven</p> <p>As otherwise required by applicable law</p>	<p>Contact the medical provider for their opinion and ask them for assistance in submitting a request for an independent external review. Document the dates of phone calls and the name of the person you talked with at the provider's office. If the provider is sending information to you or is making the request for the external review directly to UMR, follow up every 1 to 2 weeks with the provider until the information is received by you or the external review request has been sent to UMR. Be sure to document your phone calls.</p>	<p>You, your treating physician or an authorized designated representative may request an independent external review by contacting UMR at 800 236-8672 or by sending a written request to: UMR, INC. EXTERNAL REVIEW APPEAL UNIT PO BOX 8048 WAUSAU WI 54402-8048</p> <p>Your written request should include:</p> <ol style="list-style-type: none"> 1. Your specific request for an external review; 2. The employee's name, address, and member ID number; 3. Your designated representative's name and address, when applicable; 4. The service that was denied; and 5. Any new, relevant information that was not provided during the internal appeal. <p>If the medical provider or someone else is filing the request for the review, call UMR to let them know. Ask UMR if any special type of form or release is needed from you to allow/authorize the provider or other individual to submit the request on your behalf. Follow up with UMR every 1 to 2 weeks until you receive confirmation that the review request has been received by UMR. Be sure to document your phone calls.</p>

See the St. Francis School District Summary Plan Description (SPD) Section 4, pages 4-14 to 4-15 for more detailed information or contact UMR at 800-236-8672