



# **New Jersey Independent Health Care Appeals Program**

## **Maximus Portal User Guide – Covered Person and Provider**

13 May 2022

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## Introduction

This user reference guide describes the Maximus Portal for the New Jersey Independent Health Care Appeals Program and the appeal process. In addition, the guide includes specific steps required for a user to access the portal and submit an external appeal.

## Maximus New Jersey IHCAP Portal Environment

### NJ IHCAP Portal

Maximus serves as an independent utilization review organization (IURO) for the New Jersey Independent Health Care Appeals Program ("NJ IHCAP").

NJ IHCAP is an external review program intended for the purpose of reviewing adverse utilization management (UM)/benefit determinations made by carriers. As defined in N.J.A.C. 11:24-1.2 and 11:24A-1.2. "Adverse benefit determination" means a denial, reduction or termination of, or a failure to make payment (in whole or in part) for, a benefit, including a denial, reduction or termination of, or a failure to provide or make payment (in whole or in part) for, a benefit resulting from application of any utilization review, denial of a request for an in-plan exception, as well as a failure to cover an item or service for which benefits are otherwise provided because the HMO determines the item or service to be experimental or investigational, cosmetic, dental rather than medical, excluded as a pre-existing condition or because the HMO has rescinded the coverage.

A covered person (relative or a health care provider/advocate with the consent of the covered person) may file an external appeal with Maximus. Maximus performs a preliminary review. If the appeal is accepted for "full review", Maximus will determine whether an individual has been inappropriately denied medically necessary covered services by the carrier.

For more information on the program and eligibility, go to the State of New Jersey Department of Banking and Insurance website for the Independent Health Care Appeals Program: [Independent Health Care Appeals Program \(nj.gov\)](https://www.nj.gov/department-of-banking-and-insurance/independent-health-care-appeals-program/)

### Purpose of the portal

The Maximus Portal for New Jersey IHCAP allows a covered person or a provider, with the covered person's consent, to file an external appeal with Maximus electronically. A carrier can login to view cases in which they are involved and provide a response.

### Users of the portal

This portal may be used by the:

- Covered person or a relative
- Health care provider or an advocate (with consent of the covered person)
- Carrier

### Criteria to apply for an External Appeal through NJ IHCAP

If you have commercial insurance coverage:

- Your Health Plan/denied, limited, or delayed a covered treatment, prescription, or service because the Health Plan determines it is not medically necessary, is experimental or investigational, is cosmetic, is dental rather than medical, or that an in plan exception is not warranted.
- You completed your Health Plan's internal appeal process or could not complete the internal appeal process for one of the following reasons:
  - Your Health Plan waived the internal appeal;
  - Your Health Plan did not comply with the internal appeal requirements; or
  - You are requesting an expedited internal appeal and an external appeal at the same time.
- Your health insurance coverage is through a fully-insured plan issued in New Jersey or NJ FamilyCare/Medicaid. If you are uncertain about your coverage, please look at the member ID card

to confirm that it clearly states “Fully-Insured.” If you are covered by Medicare or by Self-funded plans or by insured plans issued outside of New Jersey, your application for external appeal may not be eligible.

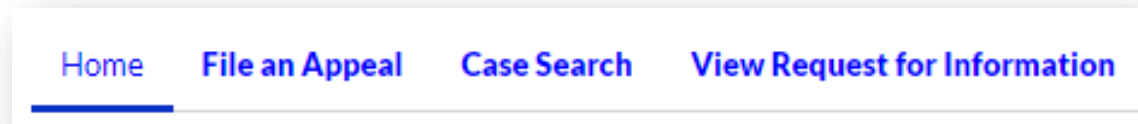
If you have NJ FamilyCare/Medicaid coverage:

- Your HMO denied, limited, or delayed a covered treatment, prescription, or service because the HMO decided it is not medically necessary, is not an emergency or inadvertent service or that an in plan exception is not warranted.
- You appealed the HMO’s denial to have the decision changed, but the HMO sent you a letter informing you that the service was still denied.

## Portal Navigation

### Main Tabs

The tab items enable you to access the main pages in the portal. The pages display the information for external appeals which you have filed with Maximus.



Tab	Description
<b>Home</b>	Displays the Home Page which includes information on open requests for information and different case lists.
<b>File an Appeal</b>	Displays the external appeal form that the covered person, provider, advocate, or representative completes.
<b>Case Search</b>	From this page, a user can access the <b>Search for Cases</b> function and enter specific criteria to filter cases.
<b>View Request for Information</b>	Displays open and overdue requests for information from Maximus.

## Home Page

### Request for Information

This section displays all open requests for information.

Request for Information			
RFI Number	Appeal Case Number	RFI Due Date	Status
<a href="#">RFI-0812</a>	NI21-00030	2021-12-16	Open

[View All](#)

Menu Item	Description
<b>RFI Number</b>	Number assigned to the request for information. Click on the number to display details of the request for information and respond.
<b>Appeal Case Number</b>	The Maximus case number assigned to the appeal after the appeal has been submitted. Click the number to display the case information (Case Detail page).
<b>RFI Due Date</b>	Date a response is due to Maximus.
<b>Status</b>	The status of the request for information: <ul style="list-style-type: none"> <li>Open – the request is pending a response from the user.</li> </ul>

### Cases

This section of the home page lists the cases for which the covered person or provider has started or submitted an external appeal on the portal. There are three (3) case list views:

- **Open Cases** – this list view displays all appeals submitted to Maximus that have not yet been decided.
- **Draft Cases** – this list view displays cases the user has started in the portal and saved. These cases have not been submitted to Maximus for processing.
- **Recently Closed Cases** – this list view displays cases that have been decided in the last 30 days.

#### NOTE

These lists only display the first six (6) cases. To view more cases, click on **View All**.

To search for a case, click **Case Search** in the menu bar, then **Search for Cases**

Open Cases					
Appeal Case Number	Priority	Member Name	Initiating Party	Date/Time Submitted	Due Date
<a href="#">NI21-00016</a>	Standard	Laurence Ellis	Margie Martel	2021-11-15 16:02	2021-12-30
<a href="#">NI21-00017</a>	Expedited	Robert Garcia	Margie Martel	2021-11-15 16:06	2021-11-17
<a href="#">NI21-00018</a>	Standard	Jerry Smith	Margie Martel	2021-11-16 14:41	2021-12-03
<a href="#">NI21-00053</a>	Standard	Megan Friedlander	Margie Martel	2021-12-05 15:12	2022-01-19

[View All](#)

Draft Cases				
Appeal Case Number	Priority	Member Name	Carrier	Date/Time Submitted
<a href="#">NI21-00029</a>	Standard	Gia Johnston	UnitedHealthCare of New Jersey	2021-11-26 12:02

[View All](#)

Recently Closed Cases						
Appeal Case Number	Priority	Member Name	Initiating Party	Date/Time Submitted	Due Date	Decision
<a href="#">NI21-00050</a>	Standard	Faustina Sheffer	Margie Martel	2021-12-02 17:49	2022-01-16	Uphold

[View All](#)

The following table describes the information in the Cases section:

Menu Item	Description
<b>Appeal Case Number</b>	The case number assigned to the appeal. Click the number to display the case information (Case Detail page).
<b>Priority</b>	Priority assigned to case: <ul style="list-style-type: none"> <li>• <b>Standard</b> – review timeframe is 45 calendar days.</li> <li>• <b>Expedited</b> – review timeframe is 48 hours.</li> </ul>
<b>Member Name</b>	Name of covered person for whom an appeal has been submitted.
<b>Initiating Party</b>	Name of the individual who filed the appeal.
<b>Date/Time Submitted</b>	Date and time the external appeal was submitted to Maximus. *Note: for draft cases this is the time the draft was saved. Once the case is submitted this column will reflect the submitted date/time.
<b>Due Date</b>	Date a determination in the case is due from Maximus.
<b>Preliminary Review Letter</b>	Section where user will acknowledge receipt of Preliminary Review letter.
<b>Upload File</b>	User can click the button to upload additional documentation.

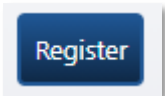


## Electronic Appeal Process

### Register for a Portal Account

To file an external appeal on the portal, each user must submit a request for registration before being granted access to the portal.

1. In your browser, access <https://njihcap.maximus.com/>.
2. On the right side of the page, click **Register**.



3. On the Registration page, from the drop-down menu select your user type:  
**Covered Person/Relative** or **Provider/Advocate**.

You are a:

#### NOTE

This is the individual who will be filing the external appeal application with Maximus or Carrier Representative.

4. Enter your **User information**:
  - **First Name**
  - **Middle Name: (if applicable)**
  - **Last Name**
  - **Email**
  - **Telephone Number**
5. Enter your **Company Information**:
  - **Company Name (Provider/Advocate or Carrier only)**
6. Enter your **Address Information**:
  - **Street Address**
  - **Address 2 (e.g., Suite, Apt/Unit)**
  - **City**
  - **State**
  - **Postal code**
  - **Phone**
  - **Fax (if applicable)**
7. Click **Submit for Registration**.
8. Close the browser window.

#### NOTE

**After you submit your registration:** You will receive an email to finish setting up your account.

## NOTE

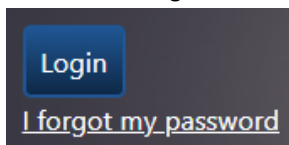
To access the portal for the first time, click on the link in your email and follow the prompts to enter a verification code and set up a password.

### Access the Maximus Portal for the NJ IHCAP

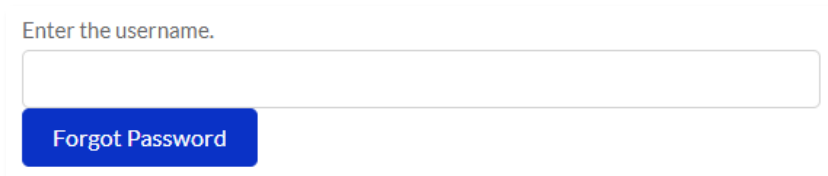
1. In your browser, access <https://njihcap.maximus.com/>.
2. In the **User ID** field, type the *email address* you used to register.
3. In the **Password field**, type the *password* you entered when you set-up your account.
4. Click **Login**.
5. You may be asked to enter a **verification code** (sent to your email).

### Forgot my password

1. In your browser, access <https://njihcap.maximus.com/>.
2. Under the Login button, click **I forgot my password**.



3. Enter your username (the email you used to register for an account) and click **Forgot Password**.

A screenshot of a 'Forgot Password' form. At the top, it says 'Enter the username.' Below this is a white text input field. Underneath the input field is a blue button labeled 'Forgot Password'.

4. You will receive an email to reset your password. Follow the instructions in the email.

## File an Appeal

You may file an external appeal if the covered person is covered by a fully-insured health plan issued in New Jersey. A request for an external appeal must typically be filed within four months of the receipt of the decision on the internal appeal from the insurance company. For more information go to [Independent Health Care Appeals Program \(nj.gov\)](https://www.nj.gov/health/insurance/IndependentHealthCareAppealsProgram/).

1. Click the **File an Appeal** tab.
2. In the **Case Information** section, select the *priority* for your appeal.
3. In the **Member Information** section, enter the Covered Person's information
4. The **Initiating Party Information** section will be prepopulated by the registered user's information. Select your relationship to the covered person: **Self, Relative, Provider, Advocate**

▼ Initiating Party Information

Filed By\* Prov LName

Relationship to Member\*  Self  Relative  Provider  Advocate

5. In the **Insurance Information** section:
  - Click **Search for Carrier** to select your health insurance company.

Search for Carrier

- i. If your health insurance company is not listed, type *Other* into the **Carrier Name** field and complete the **Other Carrier Name, Address, City, State, Zip code** fields.
  - Complete the remaining fields: **Coverage Type, Insurance ID, Policy Number, Employer Name** is required if you select Employer as your coverage type.
6. In the **Dispute Information** section, enter:
    - **Medical Record Number** (if known or leave blank)
    - **Denial Date** for your last appeal with the Health Plan
    - **Summary of your Appeal**. You may upload a letter if you need additional room to describe your appeal.

### NOTE

If you select **Expedited Priority**, briefly explain why your case should be expedited in the text box provided. You can upload a separate letter if you need more room.

An appeal may be expedited for the following reasons:

- Urgent or emergency care;
- An admission, availability of care or continued stay;
- Health care services for which the covered person received emergency services but has not been discharged;
- A medical condition for which the standard external review time frame would seriously jeopardize the life or health of the covered person or jeopardize the ability of the covered person to regain maximum function.

### NOTE

For NJ FamilyCare members **Policy Number** is not required.

7. In the **Documents** section, upload any files you want Maximus to review.
  - Click **Upload Files**.
  - Select a **Document Type**.
  - You may enter a description for your document.
  - Click **Save** to attach your file. Repeat the process to upload additional files.
8. Answer the questions in the **Checklist** section to ensure your appeal is complete and that you have provided the necessary information for Maximus to complete its preliminary review. These questions are *not* required.
9. Check the box for the **Attestation** and click **Submit**.
  - Click **Save** if you are not ready to submit your external appeal to save a draft version.
  - Click **Reset** if you want to erase the form and start over.

## NOTE

The covered person or provider should upload the following documents:

- All information submitted to the insurance company
- Any information you want Maximus to consider
- The initial denial from your health insurance carrier
- The health insurance carrier's decision(s) on the internal appeal
- Consent to Representation in Appeals of Utilization Management Determinations and Authorization for Release of Medical Records in UM Appeals and Independent Arbitration of Claims

## NOTE

If you are idle for more than 15 minutes, you will get a warning that your session is about to log out.

## Case Search

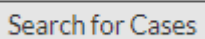
### View Case Details

To view the details of a submitted appeal, you can click on the Appeal Case Number link on the home page or perform a case search.

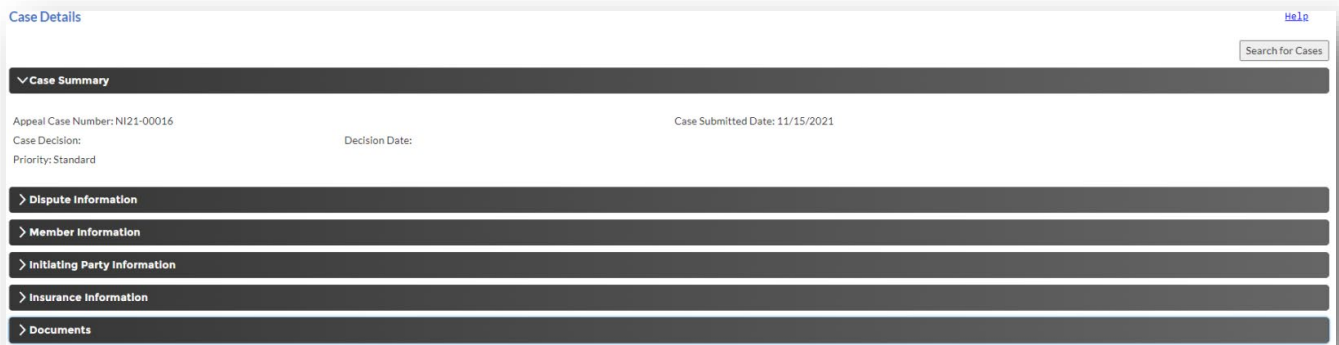
1. On the home page, click the case number link in the **Appeal Case Number** column.
2. A new page opens, **Case Details**.
3. You can review the information submitted with the appeal and download documents.

On the **Case Search** page, users can search for specific cases by providing search criteria. A covered person/provider will only be able to search for cases for which the covered person/provider has submitted an external appeal request.

1. Click the **Case Search** tab.
2. Click the **Search for Cases** button.

A rectangular button with a light gray border and a light gray background, containing the text "Search for Cases" in a dark gray font.

3. Complete the field(s) on which to base the search.
4. Click **Search**.
5. In the **Appeal Case Number** column, click the case number link. The **Case Details** page is displayed.



## Case Decisions

Once a determination has been made on your case, you will receive an email.

You can retrieve the letter (e.g., preliminary review letter, determination letter) from the **Documents** section on the Case Details page.


[Case Details](#)

[Help](#)

Search for Cases

- > Case Summary
- > Dispute Information
- > Member Information
- > Initiating Party Information
- > Insurance Information
- ▼ Documents

### List of Uploaded Document(s)

Attach... ▼	Type ▼	Descrip... ▼	Upload ... ▼	Create... ▼	
NJ prelim accepted.doc	Acceptance Letter	Preliminary Review Letter	Nov 15, 2021		

## View Request for Information

If Maximus needs additional information or there is missing information on your case, we will issue a request for information via the portal. You'll receive an email notification.

You may access requests for information from the home page or the **View Request for Information** page.

On the **View Request for Information** page, the requests for information are sorted into three list views:

- My Open Tasks – open requests for information.
- My Overdue Tasks – overdue requests for information.
- Recently Viewed – requests for information you recently viewed.

To view the details of the request for information:

1. Click the *RFI number link* in the **RFI Number** column for the case you wish to view.

Request for Information
RFI Number
<a href="#">RFI-0804</a>
<a href="#">RFI-0809</a>

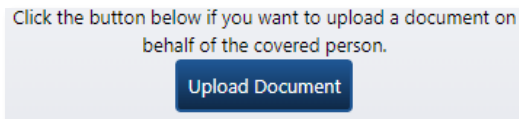
Request for Information	
My Open Tasks	
2 items • Sorted by RFI • Filtered by All request for information - Status	
RFI ↑	
1	<a href="#">RFI-0804</a>
2	<a href="#">RFI-0809</a>

2. The RFI details are displayed.
3. Respond to the request and if applicable upload documents. You may upload multiple files. If you are unable to upload a file, contact Maximus at (888) 866-6205 or [stateappealseast@maximus.com](mailto:stateappealseast@maximus.com) for assistance. Do NOT send protected health information (PHI) via email.
4. Click **Submit** to submit your response to Maximus.
5. Click **Close** to exit this page without submitting a response.

## Upload Documents

There are three ways to upload documents for a case:

- While [filing an appeal](#), in the Documents section of the online application.
- In response to a [Request for Information](#).
- The **Upload Document** button on the main home page (<https://njihcap.maximus.com>).
  1. Navigate to the Maximus Portal for NJ IHCAP main home page (<https://njihcap.maximus.com>)
  2. Click on the **Upload Document** button



3. Enter the **Maximus Case Number**.
4. Enter either the **Member's Date of Birth** or the **First 3 letters for the Member's last name**.
5. Enter the name of the individual who is uploading the document.
6. Select a **Document Type**.
7. Click **Choose File** and browse to select the file you wish to upload.
8. Click **Submit**.
9. Repeat the steps above to upload additional documents.





## External Appeal Application Forms

If you are unable to complete and submit your external appeal application electronically via the Maximus Portal, you may complete one of the forms below and submit the application by:

Mail: Maximus  
Attn: State Appeals/NJ IHCAP  
3750 Monroe Avenue, Suite 705  
Pittsford, NY 14534

Fax: (585) 425-5296

For help completing the application call: **1-888-866-6205**

## External Appeal Application Forms

- [External Appeal Application](#): select this form if you have individual coverage or employer-based health insurance
- [External Appeal Application – Medicaid](#): select this form if you have insurance coverage by NJ FamilyCare (Medicaid)



New Jersey Department of Banking and Insurance  
The Independent Health Care Appeals Program

## EXTERNAL APPEAL APPLICATION

To submit your application electronically, please register on the Maximus Portal (<https://njihcap.maximus.com>).

To submit application by mail:

Maximus  
Attn: State Appeals/NJ IHCAP  
3750 Monroe Avenue, Suite  
705 Pittsford, NY 14534

To fax application:

(585) 425-5296

Call **1-888-866-6205** for help completing the application.

**Do not send original documents with this appeal.**

Section I. INFORMATION ON COVERED PERSON (Person who was denied the Services)			
First and Last Name:			Birthdate:
Address: Street			
Apt or Suite #:	City:	State:	Zip Code:
Daytime telephone:		E-mail address:	
Section II. INSURANCE INFORMATION FOR COVERED PERSON			
Insurance Company or HMO:			
ID Number		Policy Number:	
<p>Note: Do not send Medicare appeals or appeals involving Self-Funded Plans. You must be covered by a fully insured plan issued in New Jersey or covered by NJ Family Care (Medicaid) to file this appeal.</p> <p>Coverage is <input type="checkbox"/> Individual Coverage  <input type="checkbox"/> Employer Name of employer _____  <input type="checkbox"/> NJ FamilyCare</p>			

## Section III. TO BE COMPLETED BY PERSON FILING THE APPEAL

Name of person filing the appeal: \_\_\_\_\_

Relationship to the covered person:  Self  Relative  Provider  Advocate

**If you are a relative, provider or advocate, please provide your contact information.**

Daytime telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person if the appeal is filed by a Provider: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

## Section IV. SIGNATURE

**A. Sign this section if you are filing the appeal yourself or are a relative.**

### **CONSENT FOR EXTERNAL REVIEW AND RELEASE OF MEDICAL RECORDS**

I understand that a copy of this form and any enclosures may be sent to the Independent Utilization Review Organization (IURO) and the Carrier named in the appeal. I authorize the release of any medical and/or administrative records pertinent to this appeal to the IURO selected by the New Jersey Department of Banking and Insurance.

\_\_\_\_\_  
*Signature of Covered Person (Covered person must be 18 years or older)*      *Date*

\_\_\_\_\_  
*Signature of Parent or Relative*                      *Relationship*                      *Date*

**B. Sign this section if you are a provider or advocate filing the appeal on behalf of the covered person**

### **CONSENT FOR EXTERNAL REVIEW AND RELEASE OF MEDICAL RECORDS**

I am filing as a provider or advocate, acting on behalf of a covered person with the covered person's consent. To my knowledge and belief, I am authorized to file this application for appeal and to release any pertinent medical and/or administrative records to the IURO.

\_\_\_\_\_  
*Signature of Provider or Advocate*                      *Date*

Is a signed Consent form included with the application?  YES  \*NO

*\* The appeal cannot be processed until the consent form is received by the IURO. A copy of the consent form is included with this application.*

## V. SUMMARY OF APPEAL

Describe the services denied by your carrier and the reason you believe the carrier's decision was not correct. Attach a copy of the stage 1 and/or stage 2 written denial, if available.

**Do not send original documents with this appeal.**

## EXTERNAL APPEAL APPLICATION INSTRUCTIONS

Has your health plan denied your request for covered medical services or treatment ?  
You may be eligible to use the Independent Health Care Appeals Process (IHCAP) administered by the New Jersey Department of Banking and Insurance.

**You can apply for an External Appeal through the IHCAP if you meet the following criteria:**

- Your Health Plan denied, limited, or delayed a covered treatment, prescription, or service because the Health Plan determines it is not medically necessary or is experimental or investigational.
- You completed your Health Plan's internal appeal process or could not complete the internal appeal process for one of the following reasons:
  - Your Health Plan waived the internal appeal;
  - Your Health Plan did not comply with the internal appeal requirements; or
  - You are requesting an expedited internal appeal and an external appeal at the same time.
- Your health insurance coverage is through a fully-insured plan issued in New Jersey or NJ FamilyCare/Medicaid . If you are uncertain about your coverage, please look at the member ID card to confirm that it clearly states "Fully-Insured." If you are covered by Medicare or by Self-funded plans or by insured plans issued outside of New Jersey, your application for external appeal may not be eligible.

**How to apply for an External Appeal by mail:**

1. Complete the External Appeal Application. You can give permission to another person to file the appeal for you. If this person is a health care provider or an advocate, he or she should include a signed and dated Consent to Representation in Appeals of Utilization Management Determinations and Authorizations for Release of Medical Records in UM Appeals and Independent Arbitration of Claims with the external appeal.
2. Sign and date the form.
3. Include a copy of the stage 1 and/or stage 2 written decision from the carrier, if available.
4. Submit the application to Maximus by mail or by e-mail. Expedited appeals can be faxed to Maximus at (585) 425-5296. You can also file your appeal electronically at <https://njihcap.maximus.com>.
5. **DO NOT SEND ORIGINAL DOCUMENTS TO MAXIMUS.** If the appeal is accepted for review, you will receive a letter from Maximus with instructions on how to submit additional information, if you would like.

**NOTE:** A \$25.00 filing fee may be billed to the applicant. If billed, send payment in the form of a check or money order made payable to "New Jersey Department of Banking and Insurance".

Do not send cash.

This fee is waived if you submit evidence of participation in one of the following: Pharmaceutical Assistance to the Aged and Disabled (PAAD), Medicaid NJ Family Care, General Assistance, SSI, or New Jersey Unemployment Assistance.

For help completing the application, please call Maximus. Our toll free number is **1-888-866-6205**.

Please see [www.state.nj.us/dobi/division\\_insurance/managedcare/umappeal.htm](http://www.state.nj.us/dobi/division_insurance/managedcare/umappeal.htm) for a full explanation of the carrier's internal utilization management appeal process and the external appeal process.



## New Jersey Department of Banking and Insurance

### CONSENT TO REPRESENTATION IN APPEALS OF UTILIZATION MANAGEMENT DETERMINATIONS AND AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS IN UM APPEALS AND INDEPENDENT ARBITRATION OF CLAIMS

#### APPEALS OF UTILIZATION MANAGEMENT DETERMINATIONS

You have the right to ask your insurer, HMO or other company providing your health benefits (carrier) to change its utilization management (UM) decision if the carrier determines that a service or treatment covered under your health benefits plan is or was not medically necessary.\* This is called a UM appeal. You also have the right to allow a doctor, hospital or other health care provider to make a UM appeal for you.

There are three appeal stages if you are covered under a health benefits plan issued in New Jersey. Stage 1: the carrier reviews your case using a different health care professional from the one who first reviewed your case. Stage 2: the carrier reviews your case using a panel that includes medical professionals trained in cases like yours. Stage 3: your case will be reviewed through the Independent Health Care Appeals Program of the New Jersey Department of Banking and Insurance (DOBI) using an Independent Utilization Review Organization (IURO) that contracts with medical professionals whose practices include cases like yours. The health care provider is required to attempt to send you a letter telling you it intends to file an appeal before filing at each stage.

At Stage 3, the health care provider will share your personal and medical information with DOBI, the IURO, and the IURO's contracted medical professionals. Everyone is required by law to keep your information confidential. DOBI must report data about IURO decisions, but no personal information is ever included in these reports.

You have the right to cancel (revoke) your consent at any time. Your financial obligation, IF ANY, does not change because you choose to give consent to representation, or later revoke your consent. Your consent to representation and release of information for appeal of a UM determination will end 24 months after the date you sign the consent.

#### INDEPENDENT ARBITRATION OF CLAIMS

Your health care provider has the right to take certain claims to an independent claims arbitration process through the DOBI. To arbitrate the claim(s), the health care provider may share some of your personal and medical information with the DOBI, the arbitration organization, and the arbitration professional(s). Everyone is required to keep your information confidential. The DOBI reports data about the arbitration outcomes, but no personal information will be in the reports. Your consent to the release of information for the arbitration process will end 24 months after the date you sign the consent.

### CONSENT TO REPRESENTATION IN UM APPEALS AND AUTHORIZATION TO RELEASE OF INFORMATION IN UM APPEALS AND ARBITRATION OF CLAIMS

I, , by marking  (or ) and signing below, agree to:

- representation by  in an appeal of an adverse UM determination as allowed by N.J.S.A. 26:2S-11, and release of personal health information to DOBI, its contractors for the Independent Health Care Appeals Program, and independent contractors reviewing the appeal. My consent to representation and authorization of release of information expires in 24 months, but I may revoke both sooner.
- release of personal health information to DOBI, its contractors for the Independent Claims Arbitration Program, and any independent contractors that may be required to perform the arbitration process. My authorization of release of information for purposes of claims arbitration will expire in 24 months.

Signature: \_\_\_\_\_ Ins. ID# \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient:  I am the Patient  I am the Personal Representative (provide contact information on back)

\* If the patient is a minor, or unable to read and complete this form due to mental or physical incapacity, a personal representative of the patient may complete the form.

**Health Care Provider: The Patient or his or her Personal Representative MUST receive a copy of this document AFTER it has been completed, signed and dated.**



## New Jersey Department of Banking and Insurance

### NOTICE OF REVOCATION OF CONSENT TO REPRESENTATION IN APPEALS OF UTILIZATION MANAGEMENT DETERMINATIONS AND OF AUTHORIZATION TO RELEASE OF MEDICAL RECORDS

You may, at any time, revoke the consent you gave allowing a health care provider to represent you in an appeal of a UM determination and allowing the release of your medical records to the DOBI, the IURO and medical professionals that contract with the IURO. You may use this form to revoke your consent, or you may submit some other written evidence of your intent to revoke consent, if you prefer. Either way, if you have not yet received a Stage 2 UM determination from the carrier, send the written and signed revocation to the carrier at the address indicated in the carrier's written notice to you regarding the carrier's initial UM determination. If you have received a Stage 2 UM determination, then your revocation should be sent to:

Maximus  
Attn: NJ IHCAP  
3750 Monroe Avenue, Suite 705  
Pittsford, NY 14534

OR electronically: <https://njihcap.maximus.com> OR by fax to: (585) 425-5296

You may also want to send a copy of your notice of revocation to the health care provider.

If your case has been assigned to another IURO, please send your revocation to that IURO.

**ONLY COMPLETE AND SEND THIS IN WHEN AND IF YOU WISH TO REVOKE YOUR CONSENT!**

### REVOCATION OF CONSENT TO REPRESENTATION AND RELEASE OF MEDICAL RECORDS IN UM DETERMINATION APPEALS

I hereby revoke my consent to representation by \_\_\_\_\_ and my authorization to the release of medical information in an appeal of an adverse UM determination. I understand that by revoking consent, the UM appeal may not be pursued further by my health care provider. I understand that this revocation may occur after my personal and medical information has already been shared with the DOBI, the IUROs and medical professionals with whom the IUROs contract, but that no further distribution of records in this matter will occur based on my authorization, and that all of my medical and personal information is required to be maintained as confidential by all parties.

Signature: \_\_\_\_\_ Ins. ID# \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient:  I am the Patient  I am the Personal Representative

### Contact Information of Personal Representative

Please provide the following contact information IF it is different from the patient's contact information:

PRINT NAME:		
Address (Street, Apt or Suite #, City, State, Zip Code):		
Telephone:	FAX:	E-mail address:

**Health Care Provider: The Patient or his or her Personal Representative MUST receive a copy this document.**



New Jersey Department of Banking and Insurance  
The Independent Health Care Appeals Program

## EXTERNAL APPEAL APPLICATION - MEDICAID

To submit your application electronically, please register on the Maximus Portal (<https://njihcap.maximus.com>).

To submit application by mail:

Maximus  
Attn: State Appeals/NJ IHCAP  
3750 Monroe Avenue, Suite  
705 Pittsford, NY 14534

To fax application:

(585) 425-5296

Call **1-888-866-6205** for help completing the application.

**Do not send original documents with this appeal.**

Section I. MEMBER INFORMATION			
First and Last Name:		Birthdate:	
Address: Street:			
Apt or Suite #:	City:	State:	Zip Code:
Daytime telephone:		E-mail address:	
Section II. INSURANCE INFORMATION FOR MEMBER			
HMO:			
ID Number			



**Section III. TO BE COMPLETED BY PERSON FILING THE APPEAL**

Name of person filing the appeal: \_\_\_\_\_

Relationship to the Member:     Self     Relative     Provider     Advocate

**If you are a relative, provider or advocate, please provide your contact information.**

Daytime telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person if the appeal is filed by a Provider: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

**Section IV. SIGNATURE**

**A. Sign this section if you are filing the appeal yourself or are a relative.**

***CONSENT FOR EXTERNAL REVIEW AND RELEASE OF MEDICAL RECORDS***

I understand that a copy of this form and any enclosures may be sent to the Independent Utilization Review Organization (IURO) and the HMO named in the appeal. I authorize the release of any medical and/or administrative records pertinent to this appeal to the IURO selected by the New Jersey Department of Banking and Insurance.

\_\_\_\_\_  
*Signature of Covered Person (Covered person must be 18 years or older)*      *Date*

\_\_\_\_\_  
*Signature of Parent or Relative*                                  *Relationship*                                  *Date*

**B. Sign this section if you are a provider or advocate filing the appeal on behalf of the covered person**

***CONSENT FOR EXTERNAL REVIEW AND RELEASE OF MEDICAL RECORDS***

I am filing as a provider or advocate, acting on behalf of a covered Member with the Member's consent. To my knowledge and belief, I am authorized to file this application for appeal and to release any pertinent medical and/or administrative records to the IURO.

\_\_\_\_\_  
*Signature of Provider or Advocate*                                  *Date*

Is a signed Consent form included with the application?     YES     \*NO

*\* The appeal cannot be processed until the consent form is received by the IURO. A copy of the consent form is included with this application.*

**V. SUMMARY OF APPEAL**

Describe the services denied by your carrier and the reason you believe the HMO's decision was not correct. Attach a copy of the final written denial, if available.

**Do not send original documents with this appeal.**

## EXTERNAL APPEAL APPLICATION INSTRUCTIONS

### You can apply for an External Appeal if:

- Your HMO denied, limited, or delayed a covered treatment, prescription, or service because the HMO decided it is not medically necessary or that it is experimental or investigational.
- You appealed the HMO's denial to have the decision changed, but the HMO sent you a letter informing you that the service was still denied.

### How to apply for an External Appeal by mail:

1. Complete the External Appeal Application. You can give permission to another person to file the appeal for you. If this person is a health care provider or an advocate, he or she should sign and date the form titled Consent to Representation in Appeals of Utilization Management Determinations and Authorizations for Release of Medical Records in UM Appeals and Independent Arbitration of Claims. This form must be included with the external appeal.
2. Sign and date the External Appeal Application.
3. Include a copy of the letter from the HMO telling you that your appeal was denied.
4. Send the External Appeal Application to Maximus by mail or by e-mail within **60 days of the date on the HMO's letter denying your internal appeal. Do not call the Department to file an external appeal.**
5. If your appeal is urgent, the application can be faxed to Maximus at (585) 425-5296.

**Do not send original documents to Maximus.** If the appeal is accepted for review, you will receive a letter from Maximus with instructions on how to submit additional information, if you would like.

For help completing the application, please call Maximus. Our toll free number is **1-888-866-6205**.



## New Jersey Department of Banking and Insurance

### CONSENT TO REPRESENTATION IN APPEALS OF UTILIZATION MANAGEMENT DETERMINATIONS AND AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS IN UM APPEALS

#### APPEALS OF UTILIZATION MANAGEMENT DETERMINATIONS

You have the right to ask your HMO to change its utilization management (UM) decision if the HMO decided the service or treatment covered under your health benefits plan is or was not medically necessary. This is called a UM appeal. You also have the right to allow a doctor, hospital or other health care provider to make a UM appeal for you.

After you complete the HMO's internal appeal process, you can choose to file an external appeal through the Independent Health Care Appeals Program of the New Jersey Department of Banking and Insurance (DOBI). Your case will be sent to an Independent Utilization Review Organization (IURO) that contracts with medical professionals whose practices include cases like yours. Your health care provider will share your personal and medical information with DOBI, the IURO, and the IURO's contracted medical professionals. Everyone is required by law to keep your information confidential. DOBI must report data about IURO decisions, but no personal information is ever included in these reports.

#### CONSENT TO REPRESENTATION IN UM APPEALS AND AUTHORIZATION TO RELEASE OF INFORMATION IN UM APPEALS

I, , by marking  (or ) and signing below, agree to:

- representation by  in an appeal of an adverse UM determination as allowed by N.J.S.A. 26:2S-11, and release of personal health information to DOBI, its contractors for the Independent Health Care Appeals Program, and independent contractors reviewing the appeal. My consent to representation and authorization of release of information expires in 24 months, but I may revoke both sooner.
- release of personal health information to DOBI, its contractors for the Independent Claims Arbitration Program, and any independent contractors that may be required to perform the arbitration process. My authorization of release of information for purposes of claims arbitration will expire in 24 months.

Signature: \_\_\_\_\_ Ins. ID# \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient:  I am the Patient  I am the Personal Representative (provide contact information on back)

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