

## Notice of Initial Adverse Determination Requirements

Notice of initial adverse determinations must be issued in compliance with 42 U.S.C. § 300gg-19; 45 C.F.R. § 147.136; 29 C.F.R. § 2560.503-1; 29 C.F.R. § 2590.715-2719; N.Y. Insurance Law § 4903 and N.Y. Public Health Law § 4903. To ensure compliance with both New York State law and federal law and regulation, initial adverse determination notices must include all of the following information:

REQUIREMENT	AUTHORITY	NOTICE IS COMPLIANT INDICATE YES/NO	
1. The notice must be written in a culturally and linguistically appropriate manner.	45 CFR § 147.136(b)(2)(ii)(E)	Y <input type="checkbox"/>	N <input type="checkbox"/>
2. Date of service.	45 C.F.R. § 147.136(b)(2)(ii)(E)(1)	Y <input type="checkbox"/>	N <input type="checkbox"/>
3. Name of health care provider who provided or will provide the service.	45 C.F.R. § 147.136(b)(2)(ii)(E)(1)	Y <input type="checkbox"/>	N <input type="checkbox"/>
4. The claim amount, if applicable.	45 C.F.R. § 147.136(b)(2)(ii)(E)(1)	Y <input type="checkbox"/>	N <input type="checkbox"/>
5. The reason for the determination, including clinical rationale, if any. The reason must include the denial code, if any, and its corresponding meaning. The clinical rationale should include an explanation of the scientific evidence or clinical judgment used, applying the terms of the plan to the enrollee's medical circumstances.	Insurance Law § 4903(e)(1) Public Health Law § 4903(5)(a) 45 C.F.R. § 147.136 (b)(2)(ii)(E)(3) 29 C.F.R. § 2560.503-1(g)(1)(i) 29 C.F.R. § 2560.503-1 (g)(1)(v)(B)	Y <input type="checkbox"/>	N <input type="checkbox"/>
6. Notice of the availability free of charge, upon request, of the clinical review criteria, internal rule, protocol or guideline relied upon to make such determination.	Insurance Law § 4903(e)(3) Public Health Law § 4903(5)(c) 29 C.F.R. § 2560.503-1(g)(1)(v)(A)	Y <input type="checkbox"/>	N <input type="checkbox"/>
7. Notice of the availability, upon request, of the diagnosis code and its corresponding meaning.	45 C.F.R. § 147.136(b)(2)(ii)(E)(1)	Y <input type="checkbox"/>	N <input type="checkbox"/>
8. Notice of the availability, upon request, of the treatment code and	45 C.F.R. § 147.136(b)(2)(ii)(E)(1)	Y <input type="checkbox"/>	N <input type="checkbox"/>

its corresponding meaning.			
9. Instructions on how to initiate standard and expedited appeals, including timeframes within which an appeal must be filed and decided.	Insurance Law § 4903(e)(2) Public Health Law § 4903(5)(b) 45 C.F.R. § 147.136(b)(2)(ii)(E)(4) 29 C.F.R. § 2560.503-1(g)(1)(iv) 29 C.F.R. § 2560.503-1(g)(1)(vi)	Y <input type="checkbox"/>	N <input type="checkbox"/>
10. A statement that the appeal may be filed by phone or in writing, including address and phone number.	Insurance Law § 4904(c) Public Health Law § 4904(3)	Y <input type="checkbox"/>	N <input type="checkbox"/>
11. Instructions on how to file an external appeal, including timeframes for filing an external appeal.	Insurance Law § 4903(e)(2) Public Health Law § 4903(5)(b)	Y <input type="checkbox"/>	N <input type="checkbox"/>
12. Specification of what, if any, additional information must be provided to, or obtained by, the utilization review agent in order to render a decision on appeal.	Insurance Law § 4903(e)(3) Public Health Law § 4903(5)(c) 29 C.F.R. § 2560.503-1(g)(1)(iii)	Y <input type="checkbox"/>	N <input type="checkbox"/>
13. A statement of enrollee's right to bring a civil action under § 502(a) of ERISA.	29 C.F.R. § 2560.503-1(g)(1)(iv)	Y <input type="checkbox"/>	N <input type="checkbox"/>
14. A statement regarding the availability of any applicable office of health insurance consumer assistance or ombudsman established under 42 U.S.C. § 300gg-93 to assist enrollees with the appeal process.	45 C.F.R. § 147.136(b)(2)(ii)(E)(5)	Y <input type="checkbox"/>	N <input type="checkbox"/>