

Aging and Disability Services Division

Office for Consumer Health Assistance

Healthcare Provider Certification Form

Certification of Treating Healthcare Provider for Expedited Consideration of a Patient's External Review

Note to the Treating Healthcare Provider:

Patients can request an external review when a health plan has denied a health care service or course of treatment on the basis of a utilization review determination that the requested health care service or course of treatment does not meet the health carrier's requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness of the health care service or treatment you requested. The Office for Consumer Health Assistance (OCHA) assigns external review organizations. The standard external review process can take up to 45 days from the date the patient's request for external review is received by OCHA. Expedited external review is available only if the patient's treating health care provider certified that adherence to the time frame for the standard external review would jeopardize the covered person's ability to regain maximum function. OCHA will approve or deny a request for an external review in an expedited manner not later than 72 hours after receipt of proof from the provider of health care regarding the adverse determination concerns.

This form is for the purpose of providing the certification necessary for OCHA to assign an independent review organization.

Name of Treating Healthcare Provider:

Provider Address:

Provider Phone Number:

Provider Fax Number:

Licensure and Area of Clinical Specialty:

Name of Patient:

Patient's Insurer Member ID Number:

Certification

I hereby certify that I am a treating health care provider for (hereafter referred to as "the patient"). Within the scope of my licensure, I have concluded, based on available information and medical review, that adherence to the time frame for conducting a standard external review of the patient's appeal would seriously jeopardize the life or health of the patient, or would jeopardize the patient's ability to regain maximum function. As such, the patient's request for an external review of the determination by the patient's health plan of the requested health care service or treatment course should be processed on an expedited basis.

Treating Health Care Provider's Name:

Signature

Date

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Healthcare provider Certification Experimental/Investigation Denial (To Be Completed by Treating Healthcare Provider)

I hereby certify that I am the treating healthcare provider for (patient's name) and that I have requested the authorization for a drug, device, procedure or therapy denied for coverage due to the insurance company's determination that the proposed therapy is experimental and/or investigational. I understand that in order for the covered person to obtain the right to an external review of this denial, as the treating physician, I must certify that the covered person's medical condition meets certain requirements (Requirements One [1] – Three [3] below must all apply for the covered person to qualify for an external review).

The patient's presentation supports the conclusion as the insured's treating healthcare provider, the following (please check all that apply):

1. ☐ The covered person has a terminal medical condition, life threatening condition, or a seriously debilitating condition.
2. ☐ The covered person has a condition that qualifies under one (1) or more of the following (please check any that apply):
 - a) ☐ Standard health care services or treatments have not been effective in improving the covered person's condition.
 - b) ☐ Standard health care services or treatments are not medically appropriate for the covered person.
 - c) ☐ There is no available standard health care service or treatment covered by the health plan that is more beneficial than the requested or recommended health care service treatment.
3. ☐ The health care service or treatment I have recommended, and which has been denied, (in my medical opinion) is likely to be more beneficial to the covered person than any available standard health care services or treatments.
4. ☐ The health care service or treatment recommended would be significantly less effective if not promptly initiated.

Explain:

5. ☐ It is my medical opinion based on scientifically valid studies using accepted protocols that the health care service or treatment requested by the covered person and which has been denied is likely to be more beneficial to the covered person than any available standard health care services or treatments.

Explain:

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Please provide a description of the recommended or requested health care service or treatment that is the subject of denial. (Attach additional sheets as necessary).

Healthcare Provider's Signature

Date