

FAMILIES USA

I write to provide brief comments in response to the Request for Information about Independent Review Organizations for a federal external appeals process. Consumers and the advocates that represent them have encountered problems with external appeals in the following two areas in some states, and we urge you to address them in your contract standards:

a) Conflicts of interest among reviewers:

Consumers and their advocates should receive information about the identity of reviewers so that they can establish whether the reviewer has appropriate expertise and is free of conflicts of interest. Further, there should be strict rules about plan communication with both the external reviewer and the director and medical director of the IRO so that the plan cannot attempt to influence a decision outside of the normal appeal procedures. The appeals process should be consumer-friendly so that an unrepresented consumer can contact the IRO for clarification of how to proceed, for example. However, any plan contact with decision-makers in the IRO, or with their supervisors, should follow procedural guidelines that allow consumers to respond to arguments, testimony, and evidence. Consumers and plans should have the same access to IROs and receive copies of each other's communications in a case.

b) Appropriate legal and medical expertise:

IROs should have the expertise to determine whether a plan that is denying a service or coverage is following relevant state and federal laws and the plan contract.

Medical reviewers should have appropriate expertise to be able to evaluate medical literature and providers' notes and letters, including for people with rare conditions.

Thank you.

Sincerely,

Cheryl Fish-Parcham

Deputy Director of Health Policy

Families USA

1201 New York Avenue, NW, Suite 1100

Washington DC 20005