



A Qualified Health Plan Issuer on the Health Insurance Marketplace

P.O. Box 8738, Dayton, OH 45401-8738 | CareSource.com

**TREATING PROVIDER OPINION FORM FOR INTERNAL APPEAL AND/OR EXTERNAL REVIEW
(West Virginia)**

Note to the Treating Provider

Covered Persons may request an Internal Appeal and/or External Review when a health plan issuer has denied a health care service or course of treatment. The standard Internal Appeal process can take up to 30 days for a prospective review and 60 days for a retrospective review. The External Review process can take up to 45 days from the receipt of the request. Expedited Appeals and Expedited External Reviews are only available under the circumstances shown below. This form is for the purpose of providing an opinion to obtain an Expedited Appeal and/or Expedited External Review. Please complete the General Information section along with the appropriate opinion and return the executed form to CareSource at any of the addresses shown below:

Fax Number: **1-844-676-0371**

Email Address: **HIXWVG&A@caresource.com**

Mailing Address: CareSource Attn: Grievance and Appeals, P.O. Box 1947 Dayton, OH 45401-1947

General Information

Name of Covered Person/Patient: _____

Covered Person's Health Plan ID Number: _____

Hospital (if hospitalized): _____

Name of Treating Physician: _____

Licensure and Area of Clinical Specialty: _____

Mailing Address: _____ Phone Number: _____

Email Address: _____ Fax Number: _____

Contact Person: _____ Phone Number: _____

Expedited Internal Appeal Opinion: Covered Person's Health is at Risk

I hereby certify that I am a treating provider for _____ (hereafter referred to as "the covered person") and that adherence to the standard time frame for conducting a standard Internal Appeal could, in my professional judgment and opinion, in the absence of immediate medical attention, (1) seriously jeopardize the life or health of the covered person, (2) seriously jeopardize the covered person's

ability to reach and maintain maximum function, or (3) subject the covered person to severe pain that cannot be adequately managed without the care or treatment that is subject to this Appeal. For this reason, the covered person's Internal Appeal should be processed on an expedited basis.

Treating Provider Printed Name: _____

Signature

Date

Expedited External Review: Covered Person's Health is at Risk

I hereby certify that I am a treating provider for _____ (hereafter referred to as "the covered person") and that adherence to the standard time frame for conducting a standard External Review, in my professional judgment and opinion, in the absence of immediate medical attention, (1) could seriously jeopardize the life or health of the covered person, (2) could seriously jeopardize the covered person's ability to reach and maintain maximum function, (3) the requested health care service in question would be significantly less effective if not promptly initiated, or (4) the requested health care service is related to a claim involving Emergent Care and a Concurrent Care claim. For this reason, the covered person's External Review should be processed on an expedited basis.

Treating Provider Printed Name: _____

Signature

Date

Concurrent Expedited Internal Appeal and Expedited External Review Opinion

I hereby certify that I am a treating provider for _____ (hereafter referred to as "the covered person") and (select all that apply):

that adherence to the standard time frame for conducting an Expedited Internal Appeal of rendering a decision within 72 hours from the date of request, in my professional judgment and opinion, in the absence of immediate medical attention, could seriously jeopardize the life or health of the covered person or the covered person's ability to reach and maintain maximum function. For this reason, the covered person's Expedited Internal Appeal should be conducted simultaneously with an Expedited External Review.

that the recommended or requested treatment is related to a claim involving Emergent Care and a Concurrent Care claim. For this reason, the covered person's Expedited Internal Appeal should be conducted simultaneously with an Expedited External Review.

Treating Provider Printed Name: _____

Signature

Date