External Review: After your appeal, if we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review by an independent third party, who will review our decision and make a final decision.

You must exhaust the internal appeal process before you request an external review unless:

- You or your authorized representative filed for an internal appeal and have not received a written decision within 30 days after receipt of required information; or
- We have not followed state or federal appeal laws; or
- We have waived the requirement of exhaustion of the internal appeal process.

External Review Rights
External review is available if our appeal decision is unfavorable and based on medical judgment.
We have denied your request for the provision of or payment for a health care service or course of treatment. You have the right to have our decision reviewed by independent health care professionals. These professionals have no relationship with us.

You qualify for an external review if:

- Our unfavorable decision is based on medical judgment about the health care service or treatment, medically necessity, appropriateness, health care setting, level of care or effectiveness or is experimental or investigational treatment; and
- You have received notice of a final decision from us after exhausting the internal appeal process described above; or
- You have filed an appeal with us and have not received a decision within the required time frame (unless you agreed to a delay). The internal appeal process would be considered exhausted at that point.

You have four months after you receive our final unfavorable decision to request an external review.
You can request an external review in writing as shown below.

Send your request by mail to:

National External Review Unit
2000 RiverEdge Parkway
Suite 300
Atlanta, GA 30328

Electronically, send an e-mail to:
NationalExternalReviewUnit@Aetna.com
You can also fax to:
1-860-975-1526
Expedited External Appeal

In addition, you or your authorized representative have the right to request an expedited (faster) external review by phone at the same time as the expedited internal review under these conditions:

- The expedited internal appeal process would take so long that it could put your life, health or ability to regain full function at serious risk and you have filed a request for an internal expedited review; or
- The unfavorable decision is based on our finding that the healthcare service or treatment is experimental and investigational and your doctor certifies in writing that starting the treatment or service could put your life, health or ability to regain full function at serious risk or cause you severe pain or a fast decline in your health; or
- You are in a health care facility.

In urgent care situations, you may request a faster external review by calling 1-877-848-5855.

For questions about appeal rights, this notice, or for more assistance, you may contact:

Louisiana Department of Insurance
  Office of Consumer Advocacy
  1702 N. Third Street
  Baton Rouge, LA 70802
  Main: 225-219-0619
  Toll Free: 800-259-5301
  Fax: 225-219-0615
  Email: consumeradvocacy@ldi.la.gov