

New Jersey GDS Appeals Information

THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

APPEALS PROCESS AND ALTERNATIVE DISPUTE RESOLUTION (ADR) MECHANISM FOR NON-UTILIZATION MANAGEMENT APPEALS

In the event a provider disputes the payment of a claim by Guardian, the provider may, within thirty (30) days, request in writing that Guardian review such determination. Any such request shall be on a form prescribed by the Commissioner of Banking and Insurance and directed to Guardian's Grievance Department at ~~P.O. Box 2457, Spokane, WA 99210-2457~~. The request shall include the substantiating documentation described in the form prescribed by the Commissioner of Banking and Insurance and copies of all relevant dental records, radiographs and statements from the provider or the office personnel.

PO Box 981572, El Paso, TX 79998-1572

The internal review will be conducted by employees other than those responsible for claims payment on a day-to-day basis and will be provided at no cost to the provider. The results will be communicated in a written decision to the provider within ten (10) business days of the receipt of the appeal. The written decision will include:

- The names, titles and qualifying credentials of the person(s) participating in the internal review;
- A statement of the participating provider's grievance;
- The decision of the reviewers' along with a detailed explanation of the contractual and/or medical basis for such decision;
- A description of the evidence or documentation which supports the decision; and
- If the decision is adverse, a description of the method to obtain an external review of the decision.

Guardian will offer an independent, external ADR mechanism to participating providers to review adverse decisions of its internal appeals process.

The ADR mechanism will be through an independent party. The costs of the process shall be borne equally by the parties. The recommended decision of the ADR mechanism will be issued no later than thirty (30) business days from receipt by the ADR firm of all documentation necessary to complete the review.

The ADR mechanism, including the method to submit a claim through such mechanism, shall be described in the final internal decision denying or disputing the provider's claim, in full or in part.

The decision of the ADR mechanism will be non-binding unless the parties agree otherwise. Guardian will provide to GEHA, at least annually, any changes to its internal appeals process and how the ADR mechanism can be utilized.

Arbitration of non-utilization management appeals

Providers may file a request for Arbitration of a Disputed Claim with The Program for Independent Claims Payment Arbitration (PICPA) on or before the 90th calendar day after receiving a determination on a claim payment internal appeal or if Guardian fails to respond within thirty (30) calendar days to an internal appeal. The amount in dispute must be \$1,000.00 or more. Provider is permitted to aggregate disputed claim amounts to reach the \$1,000.00 threshold. Any award rendered by the arbitrator shall be final and binding upon the parties hereto and judgment upon any such award may be entered in any court having jurisdiction thereof. Each party shall pay its own fees and costs relating to any arbitration proceedings, including attorney's fees, except that the fees and expenses of the Arbitration Process shall be borne equally by the parties. Provider will submit one half of the Arbitration Process fee when submitting the PICPA application.