



Annual External Review Report

In Accordance with Hawaii Revised Statutes §432E-13

Prepared by the

INSURANCE DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

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Foreword

Hawaii Revised Statutes (“HRS”) section 432E-13 requires the Insurance Commissioner to submit to the legislature a report that contains the number of external review hearing cases reviewed, the type of cases reviewed, a summary of the nature of the cases reviewed, and the disposition of the cases reviewed. Furthermore, the identities of the plan and the enrollee shall be protected from disclosure in the report.

The external review process is an important component to the Patients’ Bill of Rights and Responsibilities Act, HRS chapter 432E. As such, the Insurance Division has provided a general overview of the external review statistics for fiscal year 2006-2007.

J.P. SCHMIDT
Insurance Commissioner

External Review Report for Fiscal Year 2005-2006

This annual report is filed pursuant to Hawaii Revised Statutes (“HRS”) section 432E-13, which requires the Insurance Commissioner to submit an annual report concerning external review cases to the legislature.

The Insurance Division administers the external review process under the Patients’ Bill of Rights and Responsibilities Act, HRS chapter 432E (“Act”). The Act provides patients with a mechanism for appealing adverse coverage decisions made by their health plans. After exhausting the health plans’ internal appeals process, patients may file a petition for external review with the Insurance Commissioner. If the Commissioner finds that there is good cause for a petition, a hearing is scheduled on the petition. The Insurance Commissioner may conduct the hearing for cases where the amount in controversy is less than \$500. Cases in excess of \$500 are heard by a three-member panel, consisting of the Commissioner or his representative, a representative of a health plan not involved in the case, and a practicing physician. The Act also provides for expedited hearings in cases involving serious jeopardy to life or health.

For fiscal year ‘06-‘07 fourteen (14) external review requests were filed. The nature of the cases reviewed involved twelve (12) cases of claims appeals and two (2) cases of inadequate coverage. A settlement between the parties was reached in five (5) cases; three (3) cases were dismissed; one (1) case was remanded; one (1) case was withdrawn; one (1) case was decided in favor of the petitioner; and three (3) are under review.

In November 2004, the Hawaii Supreme Court ruled in *Hawaii Management Alliance Association v. Insurance Commissioner*, 106 Haw. 21 (2004), that the external review process is pre-empted by the federal Employees Retirement Income Security Act (“ERISA”) as to health plans that fall under ERISA. The vast majority of health plans fall under ERISA because they are provided by private employers. As a result, the number of external review cases has been substantially lower since 2005.