



The Multi-State Plan Program External Review Process

Overview

The Multi-State Plan (MSP) Program, established under the Affordable Care Act, directs the U.S. Office of Personnel Management (OPM) to contract with private health insurers to offer MSP options in the Health Insurance Marketplace, sometimes known as the health insurance “Exchange.” Issuers apply directly to and contract with OPM to become an MSP issuer. OPM reviews their applications, and then works with each Marketplace to make certified MSP options available for sale to consumers.

External Review Requests vs. Complaints

OPM administers the Multi-State Plan (MSP) Program External Review Process, which allows MSP enrollees to request a review of adverse benefit determinations they have received from an MSP issuer. OPM distinguishes between requests for external review and complaints.

A **request for external review** is a timely, written request from an MSP enrollee (or authorized representative of an enrollee) to OPM to review an MSP issuer's denial (including a partial denial) of the enrollee's claim. In urgent situations that require a decision within 72 hours, a request for an expedited review may be made over the phone. Requests for external review are under OPM's jurisdiction. OPM conducts independent review of adverse determinations involving contractual issues and manages the medical review process for adverse determinations raising issues of medical judgment.

- For **contractual** cases, OPM analyzes the enrollee's contract and any relevant State or Federal laws and conducts an independent analysis of the facts and details surrounding the issuer's determination.
- For **medical judgment** cases, OPM contracts with an independent review organization to provide a final, binding decision.

A **complaint** is not specifically related to the denial of a claim, but involves an MSP enrollee's dissatisfaction with his/her health insurance coverage and/or services provided. A complaint from an MSP enrollee is handled by the State where the enrollee has purchased coverage.

Cases involving both a request for external review and a complaint are handled jointly by OPM and the State, with OPM providing the external review and the State addressing the complaint.



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How to Request External Review

An MSP enrollee generally must first exhaust his/her issuer's internal appeals process and receive a denial. However, if the enrollee seeks expedited review, the enrollee may file requests for internal and external review simultaneously. OPM accepts requests for external review by:

- **Mail:** MSP Program External Review, National Healthcare Operations, U.S. Office of Personnel Management, 1900 E Street NW, Washington, DC 20415
- **Email:** mspp@opm.gov
- **Fax:** 202-606-0033
- **Phone:** 855-318-0714 or 202-606-0400

Enrollees requesting external review should provide as much information as possible, including dates of service, patient's date of birth, member ID number, and contact information. An External Review Intake Form is located on OPM's website at: <http://www.opm.gov/healthcare-insurance/multi-state-plan-program/external-review/>.

Coordination and Information Sharing

OPM and the State will coordinate whenever information is received erroneously, such as when a State receives an external review request or OPM receives a complaint. OPM has a template memorandum of understanding (MOU) that can be customized to provide a clear understanding of the respective roles and responsibilities of OPM and the State regarding information sharing.