

Medical Dispute Resolution Process

As required by the self-insured medical management process, this employer provides for up to two levels of dispute resolution, both of which must be concluded within a 30-day period. The provider, employee or their representative, or employer or their representative for the first and second level of review may file a dispute.

Parties of the claim shall exhaust the dispute resolution procedure prior to filing an appeal to the Industrial Commission according to Ohio Revised Code 4123.511. The provider will be notified verbally on receipt of the initial medical review determination within 48 hours of receipt of C-9 treatment request. A copy of the UR determination will also be committed to writing and copies sent to all parties within seven working days.

Level 1 dispute resolution

1. To request reconsideration of this Utilization Review Determination, notify ABX Air, Inc. QHP in writing of your medical dispute within 7 working days of receipt of the medical determination.
2. The written request for the medical dispute must be accompanied by additional medical and non-medical that was not reviewed in the initial authorization process.
3. Once the request is received, a Level 1 review will occur by a Physician Review scheduled by the utilization department.
4. If the determination is a denial and you disagree with the decision, See Level 2 dispute resolution.

Level 2 dispute resolution

1. If you received a denial to the Level 1 dispute resolution, notify ABX Air, Inc. QHP in writing within 7 working days of receipt of medical determination.
2. A Level 2 dispute is scheduled by the utilization department as directed by the Medical Director by peer review, IME, or outside peer review.
3. If the determination is a denial and you disagree with decision, see Level 3 dispute resolution.

Level 3 dispute resolution

1. Only the employee or their representative and the self-insured employer or their representative are permitted to dispute to the Level 3 dispute resolution process.
2. If you received a denial to the Level 2-dispute resolution, notify ABX Air, Inc. QHP in writing of your medical dispute within 7 working days of receipt of medical determination.
3. The medical dispute and all UR determinations for the disputed C-9 will be forwarded by ABX Air, Inc., to the Industrial Commission to schedule a hearing on this dispute only.

If there should be any questions regarding the information in this determination, please contact ABX Air, Inc. QHP at (937) 382-5591 / 1-800-736-3973 ext. 2840 / ext. 3005.