

For brokers and producers only

Date: August 8, 2019

Market: Virginia, all fully insured business (group and individual)

VA Expedited Review of Adverse Coverage Determinations for Cancer – Effective Immediately

Mandate summary (VA HB1915/SB1161)

Effective immediately, Virginia members who wish to appeal an adverse benefit decision that is related to the treatment of cancer may be entitled to an expedited external review without first exhausting the internal review process. An external review can be handled on an expedited basis, if the service has not been provided.

An adverse benefit determination is a denial, reduction of or a failure to provide or make payment, in whole or in part, for a benefit, including those based on a determination of eligibility, application of utilization review or medical necessity.

Members who have CareFirst health insurance in Virginia, can visit the [Virginia State Corporation Commission website](#) to obtain forms and resources to submit a request for an expedited external review.

Notification to impacted business

For the remainder of 2019, existing and new business will be notified by letter of this change. (This includes both grandfathered and non-grandfathered business.) Beginning January 1, 2020, contracts will be updated with the new legislation.

Effective date and impacted business

Immediately, for all Virginia fully insured business, including grandfathered and non-grandfathered (group and individual).

For more information

If you have any questions, please contact your broker sales representative.