

Reconsideration Request

Summary: A hospital or physician who disagrees with a non-certification (denial) determination from eQHealth's Physician Peer Reviewer has the right to request a reconsideration and to present additional evidence in support of the medical necessity of the admission or length of stay days which were denied.

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The hospital or physician may request a reconsideration within 60 calendar days from the date of the *Notice of Denial*. Download the *Reconsideration Request Form* under the Provider Resources tab at <http://il.eqhs.org>. An "expedited" reconsideration may be requested if the patient is still hospitalized. Complete the form and submit it:

- Via fax or mail within 60 calendar days from the date on *Notice of Denial*.
- With documentation/information to support the medical necessity of the date(s) denied.

Upon receipt of a valid, timely request for reconsideration:

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- The requestor is sent an *Acknowledgement of Receipt of Request for Reconsideration*.
- Ten additional days are allotted to submit any further information.
- The case is assigned to a physician reviewer who was not involved in the initial review determination.

A second-level physician review (reconsideration) is performed within 30 calendar days:

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- A *Notice of Reconsideration Determination* is sent to the hospital and physician.
- Determinations include:
 - Upheld (denial is upheld - final determination)
 - Modified (some days certified, others denied – final determination)
 - Reversed (denial is reversed and days requested are certified)