GRIEVANCE PROCEDURES In Accordance with Chapter 850 of the Maine Regulations

This notice contains important information about how you can file grievances with us. You always have the right to contact the Maine Bureau of Insurance if there are questions or concerns regarding your coverage.or appeals processes. The Maine Bureau may be contacted:

In Writing: Consumer Hotline:	Maine Bureau of Insurance State House Station 34
	Augusta, ME 04333 800-300-5000

You have the right to ask us to review decisions involving requests to have claims paid. You have the right to receive copies of any clinical review criteria we used to make at any adverse determination. For adverse determinations, the treating provider has a right to request Reconsideration. This will be conducted within one working day of the request, between the treating provider and the reviewing provider, or a peer if the reviewing provider is unavailable during the required timeframe.

I. Definitions

"Adverse Determination" means a decision denying in whole or in part payment for otherwise covered services based on our utilization review and decision that the treatment is not considered medically necessary.

"Covered Person" means you, the insured or other individual entitled to benefits under this policy, and/or your representative or provider acting on your behalf

"Grievance" means a written complaint submitted by or on your behalf regarding:

- 1. the availability, delivery, or quality of health care services, including a complaint regarding an adverse determination made pursuant to utilization review;
- 2. benefits or claims payment, handling, or reimbursement for health care services; or
- 3. matters pertaining to the contractual relationship between you and us.

II. Filing a Grievance

You may submit a grievance concerning any matter to us:

Name:	Quality Control
Address:	P.O. Box 82657
	Lincoln, Nebraska 68501-2657
Phone:	1-877-897-4328
Fax:	402-309-2579

III. Levels of Appeals Review for Grievances Concerning Adverse Determinations

The following levels of review are available::

A. Standard Appeal

Appeals will be evaluated by an appropriate clinical peer or peers. The clinical peer(s) will not have been involved in the initial adverse determination, unless new information is provided that had been unavailable at the time of the original decision.

Written notification of the appeal review decision will be made within 20 working days following the request for an appeal. Additional time is permitted where we can establish that the 20-day time frame cannot reasonably be met due to the inability to obtain all necessary information. Request for delay will be sent to you and the attending provider. In such instances, decisions will be issued within 20 days of our receipt of all necessary information.

The written decision will contain the following:

- 1. Names, titles and qualifying credentials of the person or persons evaluating the appeal;
- 2. A statement of the reviewer's understanding of the reason for the appeal;
- 3. The reviewer's decision in clear terms and the rationale in sufficient detail for you to respond further, if necessary;
- 4. A reference to the clinical review criteria used to make the determination and instructions for requesting copies of such criteria; and
- 5. Notice of the right to subsequent appeal rights as well as right to request an external review.

B. Second Level Reviews

In any case where the standard appeal review process does not resolve a difference of opinion between us, a written grievance may be submitted and we will review it as a second level grievance.

A second level review panel will review the second level grievance. A majority of the panel will be comprised of health care professionals who are clinical peers and who were not previously involved in the grievance.

The review panel will hold a review meeting within 45 working days after receiving a request for a second level review. You will be notified 15 working days in advance of the review date. Upon your request, we will provide you all relevant information that is not confidential or privileged.

You have the right to attend the second level review, present your case to the review panel, submit supporting material both before and at the review meeting, ask us questions and be assisted or represented by a person your choice. If you can't attend in person, you may communicate with the review panel, at our expense, by conference call, video conferencing or other available technology.

The review panel will provide a written decision within 5 business days of the review meeting. The decision notice will include information about your right to request an external review.

C. Expedited Reviews

Expedited Reviews are available to you or a provider acting on your behalf for any appeals involving a situation whether the time frame of the standard review procedures would seriously jeopardize your life, health, or ability to regain maximum function. The appeal decision will be communicated telephonically within 72 hours of the request for the expedited appeal and written confirmation will be provided within 2 working days after the decision.

D. External Review – In accordance with 24-A M.R.S.A. 4312

You, or your authorized representative, have a right to request an independent external review of an adverse determination. Except for those situations which would require an expedited external review, you may not make a request for external review until you have exhausted all levels of the internal grievance process. (Individual policyholders can request an external review after completing the first level of internal review.)

The request must be made within 12 months of date you received the final adverse determination from us. Requests are made to the Maine Bureau of Insurance. There is no charge for the filing of the request for external review. Our Quality Control Department is available to assist you.. Please call 1-877-897-4328 or fax 1-402-309-2579.

You may ask for or submit information related to the benefit under review, attend the external review, and ask questions of our representative at the review. If you wish to use any outside assistance for the review process, you will incur that expense yourself.

E. Expedited External Review

A covered person is not required to exhaust all levels of the internal grievance process before filing a request for external review if:

- 1. We have failed to make a decision on an internal grievance within the time period required;
- 2. We have mutually agreed to by-pass the internal grievance process;
- 3. The life or health of the insured is in serious jeopardy; or
- 4. The insured has died.

IV. Review Procedures for Grievances Concerning Matters Other than an Adverse Determination

The following review will be available to a covered person concerning any matter except an adverse determination. For these types of grievances, refer to Item III. above.

A written grievance concerning any matter should be submitted to the address shown in Item II. above. There is no right to attend, or to have a representative attend this type review. We will notify you within 3 working days of our receipt of the grievance and the name, address and telephone number of the person who is coordinating the grievance review.

Written notification of the grievance review decision will be made within 20 working days of your request. We may need additional time to gather necessary information and will send a request for such a delay to you and the treating provider. Decisions will be issued within 20 days of the receipt of all necessary information.

The written decision will contain the following:

- 1. Names, titles and qualifying credentials of the person or persons conducting the review;
- 2. A statement of the reviewer's understanding of the reason for the grievance;
- 3. The reviewer's decision in clear terms and the basis for the decision;
- 4. A reference to the evidence or documentation used as the basis for the decision; and
- 5. Notice of your right to contact the Superintendent's office, including the toll free number and address of the Maine Bureau of Insurance.