

## IOWA – NOTICE OF GRIEVANCE PROCEDURES

Please read this Notice carefully. This notice, along with the information on your Explanation of Benefits, contains important information about your rights to appeal, or request a review of, our decision if all or part of a benefit is denied.

You may contact us at the following address:

Quality Control  
P.O. Box 82657  
Lincoln, NE 68501-2657  
877-897-4328 (Toll Free)  
Fax 402-309-2579

### **I. Definitions**

“Adverse Determination” means a determination by us that a dental care service that is a covered benefit has been reviewed and, based upon the information provided, does not meet our requirements for medical necessity, and the requested service or payment for the service is therefore denied, reduced or terminated in whole or in part. Adverse Determination does not include a denial of coverage for a service or treatment specifically listed in plan or evidence of coverage documents as excluded from coverage.

“Final Adverse Determination” means an Adverse Determination involving a covered benefit that has been upheld by us at the completion of our internal grievance process.

### **II. Levels of Review**

You may ask us to review our decisions about your benefits. In general, the following levels of review are available:

#### **A. Internal Review**

You may send us written comments or other items to support your claim. You may review and receive copies of any non-privileged information that is relevant to your appeal. There will be no charge for such copies. You may request the names of the experts we may have consulted who provided advice to us about your claim, and also request at no charge any clinical rationale relied upon by them for any benefit determinations related to clinical necessity.

The appeal review will be conducted by someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based in whole or in part on a medical judgment, including determinations with regard to whether a service was considered experimental, investigational, and/or not medically necessary, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original judgment and will not be subordinate to that person. Our review will include any written comments or other items you submit to support your claim. We will review your appeal promptly after we receive your request.

## B. External Review - Standard

You or your authorized representative may file a written request for an external review with the Commissioner of the Iowa Division of Insurance within four months after any of the following events:

- a. The date of receipt of a Final Adverse Determination;
- b. Our failure to issue a written decision within thirty days following the date you or your authorized representative filed a grievance involving an Adverse Determination; or,
- c. We agree to waive the requirement that our internal grievance procedures must be exhausted before filing a request for external review.

To obtain information about the external review process, contact:

Iowa Insurance Division  
1963 Bell Avenue, Suite 100  
Des Moines, IA 50315

Telephone: 515-654-6600  
Toll Free: 877-955-1212  
Fax: 515-654-6500  
Email: [iid.marketregulation@iid.iowa.gov](mailto:iid.marketregulation@iid.iowa.gov)

When filing a request for external review, you will be required to authorize the release of any medical records that may be required to be reviewed for the purpose of reaching a decision on the request for external review.

Within one business day after the date of receipt of a request for external review, the Commissioner shall send a copy of the request to us.

Within five business days following receipt of the request from the Commissioner, we shall complete a preliminary review of the request to determine whether:

- a. You are or were a covered person at the time the service was requested or performed.
- b. The service that is the subject of the Adverse Determination or of the Final Adverse Determination is not covered because it does not meet the requirements for medical necessity, appropriateness, or effectiveness.
- c. You or your authorized representative has exhausted our internal grievance process, unless we agree to waive the requirement that our internal grievance procedures must be exhausted before filing a request for external review.
- d. You or your authorized representative has provided all the information and forms required to process an external review request.

Within one business day after completion of a preliminary review, we will notify the Commissioner, and you and or your authorized representative in writing whether the request is complete and whether the request is eligible for external review. If we determine the request is incomplete, we will notify you or your authorized representative and the commissioner in writing that the request is incomplete, and what materials are needed to make the request complete.

If we determine the request is not eligible for external review, we will issue a notice of initial determination in writing to you or your authorized representative and the commissioner indicating the reasons the request is not eligible for review. We will include a statement in the notice informing you or authorized representative that our initial determination of ineligibility may be appealed to the commissioner.

Within one business day after receipt of notice from us that a request for external review is eligible for external review, or upon a determination by the Commissioner that a request is eligible for external review, the commissioner will:

- a. Assign an independent review organization from the list of approved independent review organizations maintained by the commissioner and notify us of the name.
- b. Notify you or your authorized representative in writing that the request is eligible.

C. Expedited External Review

Expedited external reviews are available to you or your authorized representative for any appeals involving a situation where the time frame of an internal review or standard review procedures would seriously jeopardize your life, health, or ability to regain maximum function. Immediately upon receipt of notice of a request for expedited external review, we will complete a preliminary review of the request to determine whether the request meets the eligibility requirements for external review. We will then immediately issue a notice of initial determination informing the commissioner, and you or your authorized representative of our eligibility determination including a statement informing you or your authorized representative of the right to appeal that determination to the commissioner.