

# Grievance Procedures

Please read this notice carefully. This notice contains important information about how to file grievances with your insurer. Also, you always have the right to contact the Minnesota Commissioner of Commerce if you have a question or concern regarding your coverage under this contract.

By phone: Minnesota Department of Commerce  
1-800-657-3602

In writing: Minnesota Department of Commerce  
85 Seventh Place East, Suite 500  
St. Paul, MN 55101-2198

## I. Definitions

"Complaint" means any written correspondence from a policyholder, claimant or their representatives, provider, agent or other entity which expresses a grievance or complaint involving the activities of the company or any persons involved in the solicitation, sale, service, execution of any transaction, or disposition of any funds of the policyholder.

"Adverse Determination" means a determination that a health care service has been reviewed and was denied on the basis that the service was not medically necessary.

"External Review Process" means the process by which the Commissioner of Commerce will assist a covered person in conducting an independent review of an adverse determination. The internal appeals process offered by the insurer should be exhausted before requesting an external review.

## II. Designated Person Responsible For Complaint System and Receiving Complaints

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

## III. Complaint Procedures

### A. Providing Notice

Any persons making a verbal complaint, in person or by telephone, will be instructed to document their concerns in writing and to forward their documentation to the Quality Control Department. Any complaints received in writing will be forwarded to the appropriate area for review.

### B. Internal Review

The complaint will be reviewed by all appropriate internal parties. The complainant will be kept apprised as to the status of the complaint in a timely fashion. In no event however, will the final determination be made any later than 30 calendar days after receiving the formal written grievance.

### C. Decision

#### a. Denial Upheld

If we continue to agree that the covered service or claim for a covered service should have been denied, the complainant will receive a written notice of that decision. The complainant will also receive a notice of their right to request an external independent review through the Commissioner of Commerce. See Right to External Review below.

#### b. Denial Reversed

If we agree that the covered service should have been provided, or that the claim should have been paid, we will authorize the service or pay the claim.

## IV. Right to External Review

If the complaint is concerning an adverse determination as defined above, the covered person has a right to request an independent external review. The covered person must complete an application along with a \$25 filing fee and submit their request to the address shown below.

Upon receiving a request for an external review, the external review entity will request information from both the covered person and the insurer in order to complete their review. This information must be provided within 10 days following the request.

To request an independent external review, the covered person or their representative should contact:

External Appeals Process  
State of Minnesota Department of Commerce  
85 Seventh Place East, Suite 500  
St. Paul, MN 55101-2198  
1-800-657-3602 or 651-296-2488