

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

1. 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.

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 no 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.

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.