

MONTANA GRIEVANCE AND APPEAL PROCEDURES

If all or part of a claim is denied, you may appeal by requesting a review of our benefit decision in writing. This request must be within 180 days after receiving notice of the denial.

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. You may also request, at no charge, any clinical rationale and/or specific clinical guidelines relied upon by them for any benefit determinations related to clinical necessity.

Our review will include any written comments or other items You submit to support Your claim. The appeal review will be conducted by someone other than the person who denied the claim. The new reviewer will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. Denials may be based in whole or in part on a medical judgment.

This includes determinations with regard to whether a service was considered experimental 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.

If Your appeal is about urgent care, You may call Toll Free at 877-897-4328 and an Expedited Review will be conducted. Verbal notification of Our decision will be made within 72 hours, followed by written notice within 3 calendar days after that.

If Your appeal is about benefit decisions related to clinical or medical necessity, a Standard Consultant Review will be conducted. A written decision will be provided within 30 calendar days of the receipt of the request for appeal.

If Your appeal is about benefit decisions related to coverage, a Standard Administrative Review will be conducted. A written decision will be provided within 60 calendar days of the receipt of the request for appeal.

Any request for review concerning this claim should be sent to:

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

Additional Rights

If your plan is subject to ERISA you may have additional rights described in your certificate booklet. If you are not pleased with our decision on an appeal related to medical necessity, you may have the right to an Independent Review. We will provide further information about this in our Appeal Decision letter.

You always have the right to contact the Department of Insurance:

**Commissioner of Securities and Insurance
840 Helena Ave.
Helena, Montana 59601
(406) 444-2040**