Notice of Internal Appeal Procedures
In accordance with North Dakota Insurance Code

Please read this notice carefully. This notice contains important information about the appeal process available to you. You have the right to ask your insurer to assist you in filing a complaint, review its decisions involving your requests for service, or your requests to have your claims paid. Please contact:

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

I. Definitions

"Adverse Determination" means a determination made by us that a health care service has been reviewed and, based upon the information provided, is not medically necessary or appropriate.

"Grievance" means a written complaint submitted by an insured person or a person, including, but not limited to, a provider, authorized in writing to act on behalf of the insured person regarding benefits or claims payment, handling, or reimbursement for health care services covered under this plan, including adverse determinations.

II. Levels of Review

The following levels of review will be available to an insured.

Expedited Internal Appeal Review - for appeals of an adverse determination involving an emergency or life-threatening situation. The expedited appeals process is not applicable to retrospective reviews.

Standard Appeal Review - for grievances following a retrospective review.

These levels of review are discussed more fully below.

A. Expedited Internal Appeal

An expedited internal appeal process is available for review of an adverse determination involving an emergency or life-threatening situation. The expedited appeals process is not applicable to retrospective reviews, i.e., after the services have already been performed. This process is only applicable to those emergency situations where treatment has not yet been rendered.

A request for an expedited internal review shall be made by fax or telephone to the number(s) shown above. The appeal will be reviewed by a licensed provider and a decision concerning the review will be completed within forty-eight hours of receiving notice of the request for expedited review.

B. Standard Internal Appeal Review

Appeals concerning a grievance may be submitted in writing, via email or by telephone by an insured, their designee or their health care provider. 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 later than 30 calendar days after receiving the formal written grievance.

III. Written Decision

When a decision is issued from an internal level of review, the following information will be included in the written decision:

1. a description of the health care services that were denied, including, the dates of service and the name of the provider;

2. the reasons for the determination; provided, however, that where the adverse determination is upheld on appeal, the notice shall include a clear statement describing the basis and the clinical rationale for such determination;

3. a clear statement that the notice constitutes the final adverse determination; and

4. a contact name and telephone number you can contact with questions.

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

North Dakota Department of Insurance
600 E. Boulevard Ave.
Bismarck, ND 58505-0320
701-328-2440
800-247-0560