

## Nebraska External Claim Review Information Packet

Please read this packet carefully. This packet contains important information about how to request an External Claim Review in the State of Nebraska.

### I. Insurer Review Meeting

#### A. Filing

You may send written request for an Insurer Review Meeting within two years of the last denial to:

Name: Allied National  
Address: Attn: Claim Review  
PO Box 29186  
Shawnee Mission, KS 66201-9186  
Phone: 800-825-7531  
FAX: 913-945-4399

If you elect this option, you or your physician or treating provider must provide any material justification or documentation to support your request for the service. You may submit this documentation both before and during the meeting.

#### B. Deadlines Applicable to the Insurer Review Meeting

Within forty-five working days after receiving your request for an Insurer Review Meeting, your insurer will schedule and hold a review meeting. If you are unable to attend, the insurer will offer you the opportunity to communicate with the review panel by conference call or other available technology. You may ask questions of any of the review panel members.

Your insurer has 5 working days after completion of the review meeting to make a decision and mail a notice of that decision to you, send you the written decision and a description of the supporting documentation. Your insurer will also send a copy of this information to your physician or treating provider.

#### C. Decision

##### 1. Denial upheld

If your insurer continues to agree that the covered service or claim for a covered service should have been denied, you will receive a notice of that decision.

##### 2. Denial reversed

If your insurer agrees that the covered service should have been provided, or that your claim should have been paid, your insurer must authorize the service or pay the claim.

### II. Obtaining Medical Records

#### A. Requesting Medical Records

You have the right to ask for a copy of medical records. Your request must be in writing. Your request must specify who you want to receive the records. The health care provider who has your records will provide you or the person you specified with a copy of your records.

#### B. Designated Decision Maker

If you have a designated health care decision maker, that person must send a written request for access to or copies of your medical records. The medical records must be provided to your health care decision maker or a person designated in writing by your health care decision maker unless you limit access to your medical records only to yourself or your health care decision maker.

### **C. Confidentiality**

Medical Records disclosed under any State Regulations remain confidential.

### **III. Documentation**

If you decide to request a review, you must give the person who will be responsible for processing the review any material justification or documentation for the review at the time the review is filed. You must also give that person the address and phone number where you can be contacted.

### **IV. Confidentiality**

If you participate in the review process, the relevant portions of your medical records may be disclosed only to people authorized to participate in the review process for the medical condition under review. These people may not disclose your medical information to any other person.

### **V. Receipt of Documents**

Any written notice, acknowledgment, request, decision or other written document required to be mailed is deemed received by the person to whom the document is properly addressed on the fifth business day after being mailed. "Properly addressed" means your last known address.