

External Appeals Benefit Plan Amendment

This is an amendment made to your health benefit plan effective immediately. Please read this amendment carefully and keep it with your Certificate of Insurance for future reference. All other provisions remain as set forth in your Certificate of Insurance.

Maximum Time Limits for Processing External Review (External Appeals)

Type of Notice	External Review (Standard)	External Review (Expedited)
Request for Review (Claimant)	The first business day of the 5 th month following receipt of an adverse determination from Plan.	The first business day of the 5 th month following receipt of an adverse determination from Plan.
Preliminary Review (DOI)	6 Business Days	Immediately
Incomplete Submission (DOI)	1 Business Day	Immediately
Response to Incomplete Submission (Claimant)	The first business day of the 5 th month following receipt of an adverse determination from Plan or 48 hours, whichever is later.	The first business day of the 5 th month following receipt of an adverse determination from Plan or 48 hours, whichever is later.
Ineligible Submission (DOI)	1 Business Day	Immediately
Referral of Review to Independent Review Organization (IRO) by DOI	Immediately	Immediately
Notice of Final Review Determination (IRO)	Within 45 days following receipt of request for external review	Expeditiously but no more than 72 hours following written request and if notice is not in writing, written confirmation within 48 hours after the date of notice.

6.3 EXTERNAL REVIEW PROCESS OF CLAIMS FOR BENEFITS (EXTERNAL APPEALS)

A. External Review of Claims for Benefits (Standard)

1. Request for External Review. Under certain circumstances following completion of BCBSND's internal Claims for Benefits and Appeals process (Section 6.1 and/or 6.2); a Member and/or a Member's Authorized Representative may request an external review by submitting a request to the North Dakota Department of Insurance (DOI) at 1-701-328-2440 or 1-800-247-0560 or www.nd.gov/ndins/contact. A request for external review is available only for determinations by BCBSND that are adverse to the Member and based on medical necessity and appropriateness (including a determination that a treatment or service is investigative and/or experimental), health care setting, level of care, or effectiveness of a Covered Service, or a rescission. This request for external review must be submitted to the DOI by the first business day of the 5th month following BCBSND's final determination pursuant to the internal Claims for Benefits and Appeals process (Section 6.1 and/or 6.2).

A Member and/or a Member's Authorized Representative must adhere to the BCBSND internal Claims for Benefits and Appeals process (Section 6.1 and/or 6.2) before requesting an external review under this provision unless BCBSND waives this requirement, BCBSND fails to comply with its internal Claims for Benefits and Appeals process (Section 6.1 and/or 6.2) and this noncompliance causes, or is likely to cause, prejudice or harm to the Member, or the Member and/or a Member's Authorized Representative requests an expedited internal Claims for Benefits and Appeals review and an external Claims for Benefits and Appeals review at the same time.

In pursuing any external review under this provision, no additional costs will be incurred by the Member, the Member and/or the Member's Authorized Representative shall have the opportunity to submit additional information, and as appropriate under the terms of this Benefit Plan, the Member's coverage will remain in effect pending the outcome of the external review process.

2. Preliminary Review by BCBSND. Within 6 business days following receipt of a Member's and/or a Member's Authorized Representative's request for external review, BCBSND must complete a preliminary review of the request. This preliminary review is used to determine whether the claimant is or was eligible for coverage under this Benefit Plan at the time the service or procedure was requested; the Member and/or a Member's Authorized Representative has completed the applicable internal Claims for Benefits and Appeals requirements set forth in Section 6.1 and/or 6.2 of this Benefit Plan, and the Member and/or the Member's Authorized Representative has submitted all information necessary to process the external review. If the request for external review is incomplete, within 1 business day the DOI must provide notice to the Member and/or the Member's Authorized Representative describing the information and other materials needed to complete the request. The Member and/or the Member's Authorized Representative must submit the information described in the notice provided by the DOI by the first business day of the 5th month following BCBSND's final determination pursuant to the internal Claims for Benefits and Appeals process or within 48 hours following receipt of this notice from the DOI, whichever is later.
 - a. If the request for external review submitted by the Member and/or the Member's Authorized Representative is complete but the Member is not eligible for the external review process, within 1 business day of making the determination that the Member is not eligible for the external review process, the DOI shall provide notification of this fact to the Member and/or the Member's Authorized Representative, including the reasons for the Member's ineligibility. If the Member and/or the Member's Authorized Representative has any questions in regard to this determination, the Member and/or the Member's Authorized Representative may contact the DOI.
 - b. If the request for external review submitted by the Member and/or the Member's Authorized Representative is complete and meets the eligibility requirements for external review, within 1 business day the DOI shall notify the Member and/or the Member's Authorized Representative of this fact and thereafter, shall immediately refer the eligible request for external review from the Member or the Member's Authorized Representative to an Independent Review Organization (IRO) under contract with the DOI on a random, rotating basis and in a manner that eliminates any conflicts of interest with the IRO that may influence the determination by the IRO
3. Referral of External Review to Independent Review Organization (IRO). Upon referral of the Member's and/or the Member's Authorized Representative's request for external review to the IRO, the following process shall be implemented.
 - a. The DOI shall notify the Member and/or the Member's Authorized Representative in a timely manner and in writing of the assignment of the Member's and/or the Member's Authorized Representative's request for external review to the IRO. The DOI shall notify the Member and/or the Member's Authorized Representative that the Member and/or the Member's Authorized Representative has up to 5 business days following this written notice to submit any additional information the Member and/or the Member's Authorized Representative wants the IRO to consider when completing the external review.
 - b. Within 5 business days after the date that the DOI assigns the Member's and/or the Member's Authorized Representative's request for external review to an IRO, BCBSND shall provide the assigned IRO the documents and any information considered by BCBSND in the Claims for Benefits determination completed by BCBSND.
 - c. Should the Member and/or the Member's Authorized Representative submit additional information to the IRO, the IRO must forward this information to BCBSND within 1 business day. Upon receipt of this information, in its discretion, BCBSND may reconsider its initial Claims for Benefits determination that is the subject of the request for external review and determine to reverse its initial determination. Upon any review completed under these circumstances, BCBSND must notify the DOI, the IRO and the Member and/or the Member's Authorized Representative of its determination and the IRO must terminate the external review assigned by the DOI.

- d. The IRO shall review all of the information and documents submitted to it in a timely manner in completing its external review. The assigned IRO shall complete its review and provide notice of its final determination to the Member and/or the Member's Authorized Representative, the DOI and BCBSND within 45 days after the IRO receives its assignment of the request for external review from the DOI. The determination of the IRO is final and binding on the Member and BCBSND, subject to any other remedies available under state or federal law.

B. External Review of Claims for Benefits (Expedited)

1. Request for Expedited External Review. Under certain circumstances a Member and/or a Member's Authorized Representative may request an expedited external review by submitting a request to the North Dakota Department of Insurance (DOI) at 1-701-328-2440 or 1-800-247-0560 or www.nd.gov/ndins/contact. At the time the Member and/or the Member's Authorized Representative makes a request for expedited external review, the internal Claims for Benefits determination completed by BCBSND must involve a medical condition of the Member where the timeframe for completing a standard internal appeal would seriously jeopardize the life or health of the Member or would jeopardize the Member's ability to regain maximum function and the Member and/or the Member's Authorized Representative submitted a request for an expedited internal appeal with BCBSND; or the internal Claims for Benefits determination completed upon appeal by BCBSND involves a Member's medical condition where the timeframe for completing a standard external review would seriously jeopardize the life or health of the Member, would jeopardize the Member's ability to regain maximum function, or if the internal Claims for Benefits determination completed upon appeal by BCBSND involves an admission, availability of care, continued stay, or health care item or service for which the Member received emergency services but has not been discharged from a health care facility. This request for expedited external review must be submitted to the DOI by the first business day of the 5th month following BCBSND's final determination pursuant to the internal Claims for Benefits and Appeals process (Section 6.1 and/or 6.2).

A Member and/or a Member's Authorized Representative must adhere to the BCBSND internal Claims for Benefits and Appeals process (Section 6.1 and/or 6.2) before requesting an external review under this provision unless BCBSND waives this requirement, BCBSND fails to comply with its internal Claims for Benefits and Appeals process (Section 6.1 and/or 6.2) and this noncompliance causes, or is likely to cause, prejudice or harm to the Member, or the Member and/or the Member's Authorized Representative requests an expedited internal appeal and an external review at the same time.

In pursuing any external review under this provision, no additional costs will be incurred by the Member, the Member and/or the Member's Authorized Representative shall have the opportunity to submit additional information, and as appropriate under the terms of this Benefit Plan, the Member's coverage will remain in effect pending the outcome of the external review process.

2. Preliminary Review by BCBSND. Immediately following receipt of a Member's and/or the Member's Authorized Representative's request for expedited external review, BCBSND must complete a preliminary review of the request. This preliminary review is used to determine whether the claimant is or was eligible for coverage under this Benefit Plan at the time the service or procedure was requested; the Member and/or the Member's Authorized Representative has completed the applicable internal Claims for Benefits and Appeals as requested, and the Member and/or the Member's Authorized Representative has submitted all information necessary to process the expedited external review. If the Member's and/or the Member's Authorized Representative's request for expedited external review is incomplete, the DOI must immediately provide notice to the Member and/or the Member's Authorized Representative describing the information and other materials needed to complete the request. The Member and/or the Member's Authorized Representative must submit the information described in the notice provided by the DOI by the first business day of the 5th month following BCBSND's final determination pursuant to the internal Claims for Benefits and Appeals process or within 48 hours following receipt of this notice from the DOI, whichever is later.
 - a. If the request for expedited external review submitted by the Member and/or the Member's Authorized Representative is complete but the Member is not eligible for the expedited external review process, immediately after making its determination that the Member is not eligible for the expedited external review process, the DOI shall provide notification of this fact to the Member and/or the Member's Authorized Representative, including the reasons for the Member's ineligibility. If the Member and/or the Member's Authorized Representative have any questions in regard to this determination by the DOI, the Member and/or the Member's Authorized Representative may contact the North Dakota Department of Insurance at 1-701-328-2440 or 1-800-247-0560 or www.nd.gov/ndins/contact.

- b. If the request for expedited external review submitted by the Member and/or the Member's Authorized Representative is complete and meets the eligibility requirements for expedited external review, the DOI shall immediately notify the Member and/or the Member's Authorized Representative of this fact and thereafter, shall immediately refer the eligible request for external review from the Member or the Member's Authorized Representative to an IRO under contract with the DOI on a random, rotating basis and in a manner that eliminates any conflicts of interest with the IRO that may influence the determination by the IRO.
3. Referral of Expedited External Review to Independent Review Organization (IRO). Upon referral of the Member's and/or the Member's Authorized Representative's request for expedited external review to the IRO, the following process shall be implemented.
 - a. The DOI shall immediately provide BCBSND with the contact information regarding the assigned IRO and BCBSND shall provide or transmit to the assigned IRO electronically, by telephone, facsimile or any other expeditious method available, all necessary documents and any information considered in the internal Claims for Benefits determination completed by BCBSND.
 - b. The IRO shall review all of the information and documents submitted to it in a timely manner in completing its expedited external review. The assigned IRO shall complete its review and provide notice of its final determination to the Member and/or the Member's Authorized Representative, the DOI and BCBSND as expeditiously as the Member's medical condition or circumstance require, but in no event more than 72 hours after the IRO receives the request for expedited external review from the DOI. If this notice is not in writing, written confirmation of the determination must be provided within 48 hours. The determination of the IRO is final and binding on the Member and BCBSND, subject to any other remedies available under state or federal law.

Information regarding the external review process is also available at www.BCBSND.com.

If you have any questions regarding this amendment, please contact Member Services at the address or telephone number on the back of your Identification Card.