

PROCEDURES FOLLOWING ADVERSE DETERMINATION

You have certain rights to have an “adverse determination” reviewed by Assurity Life Insurance Company (Assurity) and, after that, by a party external to Assurity. If you received an adverse determination (a determination that your claim for health care services has been denied, reduced or terminated) you may have a “grievance”. A grievance is a complaint concerning an adverse determination about: a.) availability, delivery or quality of health care services, including utilization review determinations; b.) benefits or claims payment, handling, or reimbursement; or c.) your contractual relationship with the plan.

Step One — Internal Grievance

If you have a grievance concerning an adverse determination the following procedures apply:

1. You must submit your grievance in writing to Assurity’s Appeals Department (address indicated below) within 180 calendar days of the adverse determination.
2. Assurity will conduct a full investigation of your grievance and keep you informed as to the progress of this investigation.
3. You may request a formal appearance before Assurity’s review committee to present your grievance.
4. Assurity will provide you a final determination of its investigation of your grievance, in writing, as follows:
 - In the event of a preservice grievance, Assurity will provide you with its final determination within 30 calendar days after it receives your written grievance. (A preservice grievance is a grievance relating to services in which Assurity conditions your receipt of the requested services, in whole or in part, upon Assurity’s pre-approval.)
 - In the event of a post service grievance, Assurity will provide you with its final determination within 60 calendar days after it receives your written grievance. (A post service grievance is a grievance relating to services that you have already received.)
 - This 30-calendar-day or 60-day-calendar-day period, as applicable, may be tolled if Assurity has not received the necessary information to investigate your grievance from the applicable health care facility or health professional. But these periods may not be tolled for more than 10 business days.
5. If your physician substantiates, either orally or in writing, that the normal time frames for deciding your grievance would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function, the following rules will apply:
 - Assurity will make a determination not later than 72 hours after it receives your grievance. If Assurity issues this determination to you orally, it will also provide a written confirmation of this determination within 2 business days after the oral determination.
 - Within 10 days after you receive Assurity’s determination of your expedited grievance, you may request a determination of your grievance by the Director of DIFS (or his or her designee) or an independent review organization under the Patient’s Right to Independent Review Act (MCL 550.1901 et seq.). See Step #2 below.
 - If your physician substantiates, either orally or in writing, that your medical condition is such that the time frame for the completion of an expedited internal grievance would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function, you (or your authorize representative) may file a request for an expedited external review (see step #2 below) at the same time you file a request for an expedited internal grievance. In this situation, you will be considered to have exhausted these internal grievance procedures under step #1.
6. After Assurity completes its investigation of your internal grievance, it will notify you in writing of the result of its investigation. If the result is an adverse determination (“Final Adverse Determination”), this notification will contain the reasons for the adverse determination, notify you of your right to a determination of your grievance by the Director of DIFS (or his or her designee) or an independent review organization under the Patient’s Right to Independent Review Act, and include the form in which you can request this external review. See Step #2 below.
7. If Assurity does not notify you in writing of the result of its investigation of your grievance within the applicable time frames and you (or your authorized representative) have not requested or agreed to this delay, you (or your authorized representative) may request an external review (see step #2 below). In this situation, you will be considered to have exhausted these internal grievance procedures under step #1.
8. If Assurity fails to comply with the requirements of the internal grievance procedures in step #1, you will be considered to have exhausted the internal grievance procedures under step #1, unless the failure(s) do not cause (and are not likely to cause) you prejudice or harm. Additionally, Assurity may waive these internal grievance procedures, including the requirement that you exhaust these internal grievance procedures before requesting an external review under step #2 below.

Internal Grievance requests should be sent to Group Marketing Services, Inc., Attn: Appeals Department

Mail: PO Box 19040 Kalamazoo, MI 49019-0040;

Courier/Delivery: 374 S Drake Rd Kalamazoo, MI 49009

Step Two — External Review

If, following the internal grievance process, you received a Final Adverse Determination or Assurity fails to respond or is untimely in their response, you have certain rights under the Patient’s Right to Independent Review Act to request or receive an external review of our Final Adverse Determination. The following procedures apply:

1. **You cannot request an external review until you have exhausted (or are considered to exhaust) the internal grievance procedures in step #1, or Assurity waives the requirement for you to exhaust the internal procedures.**
2. All requests for external review must be made in writing and directed to DIFS (the contact information for DIFS is below).
3. You (or your authorized representative) must file your written request for an external review not later than 127 days after you receive the Final Adverse Determination of your internal grievance under step #1. In the event of a Final Adverse Determination of an expedited internal grievance, you must file your written request for an expedited external review not later than 10 days after you receive the Final Adverse Determination.
4. If you file a request for an external review, you will be required to authorize the release of any medical records that may be required to be reviewed to reach a decision on the external review.

External Review requests should be sent to Department of Insurance and Financial Services, Office of General Counsel – Appeals Section

Mail: P.O. Box 30220 Lansing, MI 48909-7720;

Courier/Delivery: 530 W. Allegan Street, 7th Floor Lansing, MI 48933

Fax: 517-284-8838

Phone: 877-999-6442

Email: DIFS-HealthAppeal@michigan.gov

Online: <https://difs.state.mi.us/complaints/externalreview.aspx>