First Level Grievance Appeal Rights

Important Information About Your Grievance Appeal Rights

EmblemHealth has processed your request for benefits based on the terms of your contract. Decisions about coverage are based on your benefits package and the information sent to us with your request.

If all or some of the items or services were not covered, you or your authorized representative have reasonable access to, and can get copies of all, documents, records, and other information. This information may include the written rule, guideline, or criteria we used to make our decision about your request.

You can write to us at the address below to get:

- The above information.
- The specific diagnosis or treatment code and their meanings related to your request.

These are free.

How to File a Grievance Appeal

If you do not agree with our decision about your grievance, you or a person you name to act on your behalf (your representative) can file a grievance appeal.

The grievance appeal must be filed within 60 business days from the date you receive this notice.

To file a grievance appeal, call Customer Service at **877-842-3625**. Our hours are 8 am to 6 pm, Monday through Friday (excluding major holidays).

You can also mail or fax your complaint appeal to the address or number listed below:

In writing by mail:

EmblemHealth
Grievance and Appeals Dept.
PO Box 2844, New York, NY 10116-2844

By fax:

EmblemHealth
Grievance and Appeals Dept.
212-510-5320

Or, you can visit any of our Neighborhood Care locations.

If you do not follow these instructions, you may give up your right to file a grievance appeal even if you have already asked us about our decision.

Standard grievance appeal:

For a pre-service request: We will let you know that we got your complaint and respond within 15 calendar days of receiving a grievance appeal for a pre-service request.

For a post-service request: We will let you know that we got your grievance appeal within 15 calendar days and respond within 30 calendar days from when we receive it.

Expedited (fast) grievance appeal:

You can ask for an expedited grievance appeal if:

- Your health care provider believes one is necessary because a delay would significantly increase the risk to your health.
- The standard grievance appeal time frame could seriously harm your life, health, or ability to regain maximum function, or subject you to pain that cannot be managed adequately.

We will make our decision on an expedited grievance appeal within two business days from the date we receive all the necessary information, but no later than 72 hours from when we receive the grievance appeal.

What Happens Next

We will let you know our decision in writing within the time frame allowed for a standard or expedited grievance appeal, whichever applies. For expedited grievance appeals, we will also tell you our decision by phone.

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Helpful Resources

If you have questions about this letter or would like us to tell you why we made our decision, call Customer Service at **877-842-3625 (TTY: 711)**. Our hours are 8 am to 6 pm, Monday through Friday (excluding major holidays). A Customer Service representative will be happy to help.

We can give you that information verbally or in another format, or talk with you in a language other than English.

If you have questions about your rights, contact the Community Service Society of New York to reach a Community Health Advocate:

- Call **888-614-5400**
- Visit **communityhealthadvocates.org/**
- Write to Community Service Society of New York, 633 Third Ave, 10th FL, New York, NY 10017

Be assured we will not retaliate or take any discriminatory action against you for filing a grievance or other complaint.

Employment Retirement Income Security Act of 1974 (ERISA) plan information

If you are a member or beneficiary of an ERISA plan, you may also have the right to bring a civil action under section 502(a) of the Employment Retirement Income Security Act of 1974 (ERISA) following this decision.

You and your plan may have other voluntary dispute resolution choices, such as mediation. You can find out what is available to you by contacting your local U.S. Department of Labor Office and your state insurance regulatory agency.

If you are not sure whether your health benefit plan is an ERISA plan, contact your employer and/or plan sponsor. Please do not contact EmblemHealth for this information.

If we don't follow the standards in this notice (other than de minimis violations that do not cause and are not likely to cause you prejudice or harm), you are deemed to have completed our grievance process. You can then proceed with other available legal options.