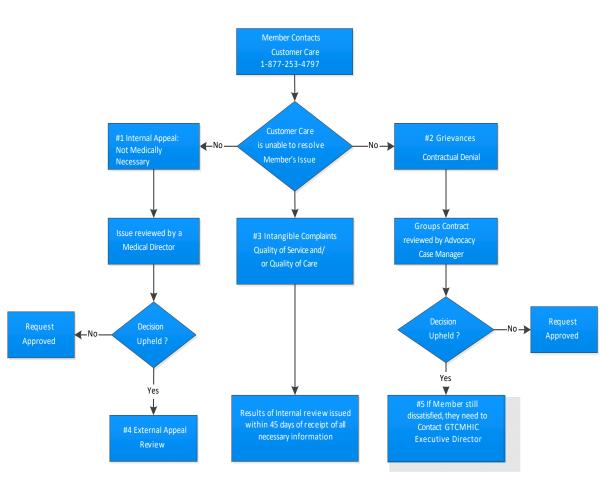
## Greater Tompkins County Municipal Health Insurance Consortium Internal Appeals / Grievance Process



Excellus Contact Information:

Dedicated Customer Service Line: 1-877-253-4797

Appeal Mailing Address: Excellus BCBS Customer Advocate Unit PO BOX 4717 Syracuse, NY 13221



#### 1) Internal Appeal: Not Medically Necessary

- Member, or an authorized representative, has 180 days following receipt of the notification to file an Appeal regarding the decision.
- Excellus has 15 days to acknowledge receipt of the appeal and has either a) 30 days for pre-service appeals, b) 30 days from receipt of all necessary information for postservice appeals, not to exceed 60 days or c) for urgent cases it is the lessor of 72 hours or 2 business days to respond. If upheld, Excellus will issue a Final Adverse Determination.
- o Excellus BCBS, Customer Advocate Unit, PO BOX 4717, Syracuse, NY 13221

#### 2) Grievance: Contractual Benefit Denial

- Member, or authorized representative, has 180 days following receipt of notification to file a grievance regarding the decision.
- Excellus has 15 days to acknowledge receipt of the grievance and 30 days to respond for both pre-service and post-service grievances. If upheld, Excellus will issue a notice of determination.

#### 3) Complaint: Dissatisfaction with Services or Quality of Care Issue

- Member, or authorized representative can file a complaint.
- Excellus has 15 days to acknowledge receipt, request input and / or medical records from provider. Results of review will be issued within 45 days of receipt of all necessary information to conduct review.

### 4) External Appeal:

- Member, or an authorized representative, has 4 months from the Final Adverse
   Determination to file an External Appeal with NYS Department of Financial Service. Notice
   of decision will be issued directly from NYS.
- o DFS- Department of Financial Service- 1-800-342-3736

# 5) Appeal to GTCMHIC- Greater Tompkins County Municipal Health Insurance Consortium:

- If member, or an authorized representative remains dissatisfied with the plan's decision, they can file an appeal directly with the employer group, within 120 days from receiving the Excellus Internal Adverse Benefit determination.
- GTCMHIC, Att: Executive Director, PO BOX 7, Ithaca, NY 14851, Phone: (607) 274-5590, Email: consortium@tompkins-co.org

#### **EBSA: Employee Benefits Security Administration**

 For questions about your rights, this notice for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).