

## **SECTION [XX]**

*{Drafting Note: Insert the appropriate section number, following the order of provisions in the Table of Contents.*

}

### **Grievance Procedures**

#### **A. Grievances.**

Our Grievance procedure applies to any issue not relating to a medical necessity or experimental or investigational determination by Us. For example, it applies to contractual benefit denials or issues or concerns You have regarding Our administrative policies or access to Providers.

#### **B. Filing a Grievance.**

You can contact Us [by phone at [XXX; the number on Your ID card]] [, in person,] [or] in writing to file a Grievance. [You must use Our Grievance form for written Grievances.] [You may submit an oral Grievance in connection with a denial of a Referral or a covered benefit determination. We may require that You sign a written acknowledgement of Your oral Grievance, prepared by Us.] You or Your designee has up to 180 calendar days from when You received the decision You are asking Us to review to file the Grievance.

*{Drafting Note: Plans must permit insureds to submit an oral grievance in connection with a denial of a referral or a covered benefit determination. Plans are not required to accept oral grievances in other instances. Plans may require insureds to use their grievance form for the submission of written grievances.}*

When We receive Your Grievance, We will mail an acknowledgment letter within 15 business days. The acknowledgment letter will include the name, address and telephone number of the person handling Your Grievance, and indicate what additional information, if any, must be provided.

We keep all requests and discussions confidential and We will take no discriminatory action because of Your issue. We have a process for both standard and expedited Grievances, depending on the nature of Your inquiry.

You may ask that We send You electronic notification of a Grievance [or Grievance Appeal] determination instead of notice in writing or by telephone. You must tell Us in advance if You want to receive electronic notifications. To opt into electronic notifications, call [XXX; the number on Your ID card] [or visit Our website [at XXX]]. You can opt out of electronic notifications at any time.

#### **C. Grievance Determination.**

Qualified personnel will review Your Grievance, or if it is a clinical matter, a licensed, certified or registered Health Care Professional will look into it. We will decide the Grievance and notify You within the following timeframes:

Expedited/Urgent Grievances:

By phone, within the earlier of 48 hours of receipt of all necessary information or 72 hours of receipt of Your Grievance. Written notice will be provided within 72 hours of receipt of Your Grievance.

Pre-Service Grievances: (A request for a service or treatment that has not yet been provided.)

In writing, within 15 calendar days of receipt of Your Grievance.

Post-Service Grievances: (A Claim for a service or treatment that has already been provided.)

In writing, within 30 calendar days of receipt of Your Grievance.

All Other Grievances: (That are not in relation to a claim or request for a service or treatment.)

In writing, within [30 calendar days of receipt of Your Grievance] [45 calendar days of receipt of all necessary information] [45 calendar days of receipt of all necessary information but no more than 60 calendar days of receipt of Your Grievance].

*{Drafting Note: Plans must select one of the bracketed provisions.}*

**D. Assistance.**

If You remain dissatisfied with Our Grievance determination, or at any other time You are dissatisfied, You may:

**[Call the New York State Department of Health at 1-800-206-8125 or write them at:**

New York State Department of Health  
Office of Health Insurance Programs  
Bureau of Consumer Services – Complaint Unit  
Corning Tower – OCP Room 1609  
Albany, NY 12237  
E-mail: [managedcarecomplaint@health.ny.gov](mailto:managedcarecomplaint@health.ny.gov)  
Website: [www.health.ny.gov](http://www.health.ny.gov)  
*{Drafting Note: For use with HMO products.}*

**[Call the New York State Department of Financial Services at 1-800-342-3736 or write them at:**

New York State Department of Financial Services  
Consumer Assistance Unit  
One Commerce Plaza  
Albany, NY 12257  
Website: [www.dfs.ny.gov](http://www.dfs.ny.gov)

*{Drafting Note: For use with insurance products.}*

If You need assistance filing a Grievance, You may also contact the state independent Consumer Assistance Program at:

Community Health Advocates

633 Third Avenue, 10<sup>th</sup> Floor

New York, NY 10017

Or call toll free: 1-888-614-5400, or e-mail [cha@cssny.org](mailto:cha@cssny.org)

Website: [www.communityhealthadvocates.org](http://www.communityhealthadvocates.org)