



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 post-service 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.
- 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.
- 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.
- 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).