

Appeals and Complaints

An appeal is when you disagree with a decision or action that UnitedHealthcare has taken and want to ask that we reconsider that action or decision. We have a three-step process to resolve appeals about our services.

STEP-ONE REVIEW

To file an appeal, you can call Member Services at 1.800.992.9940 or write to us at:

Grievance and Appeals
PO Box 5032
Kingston, NY 12402-5032

You can also call Member Services if you need help sending an appeal in writing.

You have 45 calendar days from the date of the incident you're complaining about to file your appeal. Your provider or authorized representative may file an appeal for you. You may ask UnitedHealthcare to send you any information we have about your appeal. You may also send us any information that may help with your appeal.

Within 15 calendar days of receiving your appeal, we will send you a letter stating our decision about your appeal. The notice will tell you all the reasons for the decision and what you can do if you don't agree with the decision.

STEP-TWO REVIEW

If you do not agree with our decision, you can file a step-two appeal with UnitedHealthcare. You must file your appeal in writing within 15 days of the date of the step-one appeal decision notice. Use the same address as you did for the step-one appeal. Explain why you do not agree with our decision and that you would like to begin the step-two appeal process. You may ask UnitedHealthcare to send you any information we have about your appeal. You may also send us any information that may help with your appeal.

A step-two reviewer who was not previously involved in your case will review your appeal and make a decision. We will send you a notice with this step-two decision within 15 days of the date we received your step-two request. The notice will tell you all the reasons for the decision and what you can do if you do not agree with our decision.

STEP-THREE REVIEW

If you are not happy with our step-two decision, you can ask for a step-three review by writing to us within 15 days of the date of our step-two appeal decision notice. Use the same address as you did for the step-one appeal. You may ask UnitedHealthcare to send you any information we have about your appeal. You may also send us any information that may help with your appeal.

A step-three reviewer who was not previously involved in your case will review all documentation from your step-one and step-two appeal files and any other information you send us. If the step-three reviewer agrees with a step-one and step-two

denial, the reviewer will send appeals involving medical necessity determinations to an independent external review organization within 10 calendar days of receiving your step-three appeal request.

The external independent review organization will make a final decision within 15 calendar days of the day we received your request for a step-three review. We will send you a notice of the decision within 30 calendar days of receiving your step-three appeal request.

EXPEDITED REVIEW

If there is an urgent or emergency medical reason that your child cannot wait for the standard appeal review process, you can ask that we complete an expedited appeal review. You, your child's doctor or someone representing your child can make a request for an expedited review calling Member Services at 1.800.992.9940. You may ask UnitedHealthcare to send you any information we have about your appeal. You may also send us any information that may help with your appeal.

UnitedHealthcare will review your expedited appeal and forward it to the external independent review organization, if appropriate. A reviewer who was not previously involved in your case will review your expedited appeal and make a decision.

UnitedHealthcare will call you with our decision within 72 hours of receiving your request. We will also send you a letter telling you the reason for the decision and what you can do if you disagree with it. Please call Member Services at 1.800.992.9940 if you need help or have questions about this process.

COMPLAINT PROCESS

A complaint is when you are not happy with UnitedHealthcare benefits, services, policies or providers. You, your child's doctor or someone representing your child can file a complaint either verbally or in writing. We will investigate your complaint and respond in writing within 30 calendar days of receiving your complaint.

