

**OFFICE OF THE COUNTY EXECUTIVE
ALL-EMPLOYEES MEMORANDUM**

DATE: SEPTEMBER 18, 2024

EMPLOYEE MEDICAL HEALTH PLAN OF SUFFOLK COUNTY (EMHP)

SUMMARY OF APPEALS PROCESS

The EMHP Labor and Management Committee would like to provide some helpful information regarding the APPEALS process.

The following *examples* are provided to summarize common appeal options as described in your 8th Edition Benefit Booklet beginning at page 54. We urge you to familiarize yourself with the Booklet language. In the event of any discrepancy between this AEM and the Benefit Booklet, the language of the Benefit Booklet will prevail. The following are examples and types of appeals you can file and the step-by-step process for each.

How to Appeal the Denial of an Urgent Procedure:

Sally needs an urgent procedure and receives a denial of services from the hospital/medical/surgical Third-Party Administrator (TPA) for EMHP

- Sally has 180 days from the date of the denial to submit a first level appeal
- Medical TPA has less than 72 hours to respond to the appeal
- Urgent Appeals only need one level of appeal
- If denied again, and at Sally's option, Sally can file another appeal to the Labor/Management Committee within 60 days from the first level appeal denial (appeals to the Labor/Management Committee extend your time to file for External Review before an Independent Review Organization ("IRO"))
- If Sally does not appeal to the Labor/Management Committee, she may request External Review
- Medical TPA must immediately review the request to determine if the claim is eligible for External Review
- If eligible, Medical TPA will assign an IRO to review the appeal
- IRO decision required not later than 72 hours after receiving matter

How to Appeal the Denial of a Pre-certification for a Procedure:

Harry requests a precertification from the Medical TPA for EMHP (denoted as a “Pre-Service” appeal in the booklet)

- Harry has 180 days from the date of the denial to submit a first level appeal
- Medical TPA has 15 days to respond to the appeal
- If denied again, Harry must submit second level appeal 60 days from the date of the adverse benefit determination (i.e., denial) following the first level appeal
- Medical TPA has 15 days to respond to second level appeal
- If denied again, and at Harry’s option, Harry has 60 days from the date of adverse benefit determination following second level appeal to submit an appeal to the Labor/Management Committee (appeals to the Labor/Management Committee stay the time to file for External Review)
- If Harry decides not to appeal to the Labor/Management Committee, or if he does and is again denied by the Labor/Management Committee, then he can request External Review within 4 months of the second level appeal or Labor/Management Committee decision
- Within 5 business days of receipt of this request, Medical TPA must determine if appeal is eligible for External Review
- IRO must provide decision within 45 days of receipt of matter

How to Appeal the Denial of Procedure after the Procedure is Performed:

Pat has a procedure and does not require pre-certification. This would be classified as a post service appeal.

- Pat has 180 days from the date of the denial to submit a first level appeal
- Medical TPA has 30 days to decide the appeal
- Pat must submit second level appeal 60 days from the date of the adverse benefit determination following the first level appeal
- Medical TPA has 30 days to decide the second level appeal
- At her option, Pat has 60 days from the date of adverse benefit determination following second level appeal to submit an appeal to the Labor/Management Committee (again, during this time, Pat’s time to request an External Review is stayed)
- If Pat decides not to appeal to the Labor/Management Committee, or if she does and is again denied by the Labor/Management Committee, then she can request External Review within 4 months of the second level appeal or Labor/Management Committee decision
- Within 5 business days of receipt of this request, Medical TPA must determine if appeal is eligible for External Review
- IRO must provide decision within 45 days of receipt of matter

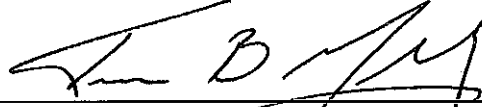
Note: rules above are applicable to all EMHP third party administrators (except for Medicare-prime and EGWP Enrollees – Medicare establishes its own appeal rules which must be followed by the patient).

Certain time frames established above may be extended if more information is required by the TPA in order to reach a decision, or if an appeal is improperly filed (notice of which must be provided to the

appellant by the TPA within 5 days). The duration of any extension is limited by the law and set forth in the Booklet under each category of appeal.

This AEM is intended to serve as a summary of the most common appeals and the process for submitting them to the Plan. For complete information about all appeals, please refer to the comprehensive benefits booklet that can be found at emhp.org.

Please contact the Employee Benefits Unit via e-mail at ebu@suffolkcountyny.gov or via telephone, 631-853-4866 if you have any additional questions or concerns.



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