

The table summarizes the types of complaints and appeals reported in this Guide.

Type of Data	Complaints	Prompt Pay Complaints	Internal Appeals	External Appeals	Grievances
Definition	Complaints to New York State about health insurers, including prompt pay complaints.	Complaints about the timely processing of a claim.	A request to a health insurer to reconsider its decision to deny coverage of a medical service that it considers experimental, investigational or not medically necessary or for HMO members, an out-of-network service.*	An independent, third-party review of a health insurer's denial of a service considered experimental, investigational, or not medically necessary, or for HMO members, an out-of-network service.*	A complaint to an HMO about denial of coverage based on limitations or exclusions in the contract.
Filed by	Consumers, their designee or provider.	Consumers, their designee or provider.	Consumers or their authorized representative, which may be the provider. The provider may file on its behalf for services already provided.	Consumers or their authorized representative, which may be the provider. The provider may file on its behalf for services already provided.	Consumers or their designee.
Reviewed by	NYSID or DOH.	NYSID.	The health insurer's medical director.	State-certified, independent external review organization.	Internal HMO committee.
More information	Pages 10-13	Pages 14-17	Pages 18-21	Pages 22-25	Pages 36-37

*If you are an HMO member, you may appeal when the HMO denies a request for out-of-network service if it offers an alternate service in-network.