

Appeals Process

EmpiRx Health has an established appeals policy and procedure that complies with PPACA and ERISA. The member, prescriber, or appointed designee has the right to request a review of denied claims on behalf of a member. The appeals process consists of the following levels:

Level 1

EmpiRx Health will review the decision regarding the claim and/or services requested. The review will be completed within 30 business days of the date of the request. The review will be conducted by a qualified medical professional who was not involved in the original decision. The review will be conducted in a fair and impartial manner. The review will be conducted in accordance with the appeals process outlined in the member handbook. The review will be conducted in accordance with the appeals process outlined in the member handbook.