

Independent Health Appeals and Grievances Data Report

January 1, 2025 to December 31, 2025

<p>What kind of information is this?</p>	<p>Medicare Advantage Plan members have the right to file an appeal or grievance with their plan. Individuals eligible to enroll in a Medicare Advantage plan have the right to request information about the number of appeals and grievances a plan receives. The next few pages contain information about the appeals and grievances that Independent Health received in 2025.</p>
<p>How many members does Independent Health have?</p>	<p>Independent Health has about 69,973 members.</p>
<p>What is a level 1 appeal?</p>	<p>A level 1 appeal is a formal request for Independent Health to review Independent Health's decision not to pay for, not to provide, or to stop an item or service that a member believes they need.</p> <p>If a member cannot get an item or service that the member feels they need, or if the plan has denied payment of a claim for a service the member has already received, the member can appeal to the plan. For example, a member might appeal our decision to stop physical therapy, to deny a visit to a specialist, or to deny payment of a claim.</p> <p>The number of level 1 appeals Independent Health had in 2025 can be found on line 1 of the attached report. The number of level 1 appeals received per 1,000 members can be found on line 2.</p>
<p>What can happen with level 1 appeals?</p>	<p>Plans may decide to pay for or to provide all services that the member asked for. These are called favorable decisions.</p> <p>Sometimes, plans decide not to pay for or to provide the services that the member asked for. These are called unfavorable decisions.</p> <p>Sometimes, a member may decide to withdraw their appeal. Because the plan dismisses a withdrawn appeal, they are not included in this report.</p> <p>The number of favorable level 1 appeal decisions Independent Health made can be found on line 3 of the attached report. Unfavorable decisions can be found on line 4.</p>

<p>What is a grievance?</p>	<p>A grievance is a complaint that a member makes about Independent Health. For example, a member can file a grievance when they are unhappy because they believe their plan gives them too much or too little information, there are long wait times when calling the plan, a doctor's Office is too cold, or they have to travel long distances to get to their doctor.</p> <p>The number of grievances Independent Health had in 2025 can be found on line 5 of the attached report. The number of grievances received per 1,000 members can be found on line 6.</p>
<p>Where can I get more information about appeals and grievances?</p>	<p>If you are a member of Independent Health, you have the right to file an appeal or grievance.</p> <p>You can contact Independent Health at 1-800-665-1502 or 716-250-4401 (Hours are October 1-March 31: Monday- Sunday, 8 a.m. – 8 p.m., April 1- September 30: Monday- Friday, 8a.m.- 8 p.m.) to resolve a concern you may have to get more information on how to file an appeal or grievance.</p> <p>TTY users can call 711. You may also refer to your Evidence of Coverage for a complete explanation of your rights.</p> <p>You also can contact the Beneficiary and Family Centered Care- Quality Improvement Organization (QIO) at 1-866-815-5440 (TTY: 1-866-868-2289) for more information about quality of care grievances or to file a quality of care grievance.</p>



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January 1, 2025 to December 31, 2025

Average Number of Members in 2025: 69,973

Level 1 Appeals

	Description	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total
1	Level 1 appeals received	914	1,168	782	917	3,781
2	Level 1 appeals per 1,000 members	13	17	11	13	54
3	Favorable level 1 appeal decisions	550	636	474	460	2,120
4	Unfavorable level 1 appeal decisions	364	532	308	457	1,661

Grievances

	Description	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total
5	Grievances received	1,259	1,308	1,479	4,896	8,942
6	Grievances per 1,000 members	18	19	21	70	128

Quarter 1: January 1 – March 31

Quarter 2: April 1 – June 30

Quarter 3: July 1 – September 30

Quarter 4: October 1 – December 31

Year Total: January 1 - December 31





Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-665-1502 (TTY: 711) or speak to your provider.

Español (Spanish): ATENCIÓN: Si habla español, hay servicios de asistencia lingüística disponibles para usted de forma gratuita. También están disponibles, sin cargo adicional, los auxilios y servicios apropiados para proporcionar información en formatos accesibles. Llame al 1-800-665-1502 (TTY: 711) o hable con su proveedor.

中文 (Simplified Chinese): 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-665-1502（文本电话：711）或咨询您的服务提供商。

台語 (Traditional Chinese): 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-665-1502（TTY：711）或與您的提供者討論。

РУССКИЙ (Russian): ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-665-1502 (TTY: 711) или обратитесь к своему поставщику услуг.

יידיש (Yiddish): נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אידס און באדינונגס פֿאַר פּראָוויידינג אינפֿאָרמאַציע אין צוטריטלעך פֿאַרמאָטירונגען זענען אויך בנימצא פריי. רופן 1-800-665-1502 (TTY: 711) אָדער רעדן מיט דיין טרעגער.

বাংলা (Bengali): মনোযোগ দি : দি আপি বাংলা বলে তাহলে আপ র জ যি বি মূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জ যি উপ ল্ভ সহায়ক সহযোগিতা এবং পরিষেবাদিও বি মূল্যে উপলব্ধ রয়েছে। 1-800-665-1502 (TTY: 711) স্বরে কল করু অথবা আপ র প্রদা কারীর সাথে কথা বলুন।

Kreyòl Ayisyen (Haitian Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nan 1-800-665-1502 (TTY: 711) oswa pale avèk founisè w la.

한국어 (Korean): 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-665-1502 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

العربية (Arabic): تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-665-1502 (711) أو تحدث إلى مقدم الخدمة.

Italiano (Italian): ATTENZIONE: Se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti per te. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il 1-800-665-1502 (TTY: 711) o parla con il tuo fornitore.

Français (French): ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-665-1502 (TTY: 711) ou parlez à votre prestataire.

POLSKI (Polish): UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-665-1502 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

اردو (Urdu): توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-800-665-1502 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

SHQIP (Albanian): VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndhima të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-800-665-1502 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸਾਂ ਪੰਜਾਬ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੁਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-800-665-1502 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

Notice of Nondiscrimination

Discrimination is Against the Law

Independent Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independent Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independent Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Independent Health's Member Services Department. If you believe that Independent Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Independent Health's Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-665-1502, TTY users call 711, fax (716) 635-3504, medicareservice@servicing.independenthealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Independent Health's Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.