

Member Complaint - First Level Process Tables

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TABLE 21-2, FIRST LEVEL MEMBER COMPLAINT - EXPEDITED					
COMMERCIAL AND CHILD HEALTH PLUS PLANS					
BENEFIT PLAN(S):	WHAT/HOW/WHERE TO FILE INSTRUCTIONS:	TIME FRAMES:			ADDITIONAL RIGHTS:
		Initial Member Filing.	EmblemHealth Acknowledges Receipt.	EmblemHealth Determination Notification.	
HIP Commercial, HIP Child Health Plus	<p>Sign in to: emblemhealth.com and use My Messages under username drop-down.</p> <p>Write to:</p> <p>EmblemHealth Grievance and Appeal Dept P.O. Box 2844 New York, NY 10116-2844</p> <p>Telephone: 800-447-8255 (TTY: 711).</p>	60 business days from event.	N/A	<p>Verbal response within 48 hours of receipt of necessary information.</p> <p>Written notice sent within 3 business days of determination</p>	<p>May file a second level complaint, expedited or standard.</p> <p>Additional complaint may be filed with the NYS DOH at any time by calling 800-206-8125.</p>
GHI HMO	<p>Sign in to: emblemhealth.com and use My Messages under username drop-down.</p> <p>Write to:</p> <p>GHI HMO Appeals and Complaints Dept P.O. Box 2844 New York, NY 10116-2844</p>	60 calendar days from event.	N/A	<p>Verbal response within 48 hours of receipt of necessary information.</p>	<p>May file a second level complaint, expedited or standard</p> <p>Additional</p>

	P.O. BOX 22844 New York, NY 10116-2844 Telephone: <u>877-244-4466</u> (TTY: <u>711</u>). Fax to: <u>845-340-3435</u>			Written notice sent within three business days of determination.	complaint may be filed with the NYS DOH at any time by calling <u>800-206-8125</u> .
EmblemHealth EPO/PPO	Sign in to: <u>emblemhealth.com</u> and use My Messages under username drop-down. Write to: EmblemHealth P.O. Box 2844 New York, NY 10116-2844 Telephone: <u>212-501-4444</u> (TTY: <u>711</u>).	60 calendar days from event.	N/A	Verbal response within 48 hours of receipt of necessary information Written notice sent within three business days	May file a second level complaint, expedited, or standard.

TABLE 21-3, FIRST LEVEL MEMBER COMPLAINT - STANDARD

COMMERCIAL AND CHILD HEALTH PLUS PLANS

BENEFIT PLAN(S):	WHAT/HOW/WHERE TO FILE INSTRUCTIONS:	TIME FRAMES			ADDITIONAL RIGHTS:
		Initial Member Filing:	EmblemHealth Acknowledges Receipt:	EmblemHealth Determination Notification:	
HIP Commercial, HIP Child Health Plus	Sign in to: <u>emblemhealth.com</u> and use My Messages under username drop-down. Write to: EmblemHealth Grievance and Appeal Dept P.O. Box 2844 New York, NY 10116-2844 Telephone:	60 business days from event.	15 business days from the receipt of the request	45 calendar days from receipt of all necessary information.	May file a second level complaint. Additional complaint may be filed with the NYS DOH at any time by calling <u>800-206-8125</u> .

	<u>800-447-8255</u> (TTY: <u>711</u>).				
GHI HMO	<p>Sign in to: <u>emblemhealth.h.com</u> and use My Messages under username drop-down.</p> <p>Write to:</p> <p>GHI HMO Appeals and Complaints Dept P.O. Box 2844 New York, NY 10116-2844</p> <p>Telephone: <u>877-244-4466</u> (TTY: <u>711</u>)</p> <p>Fax to: <u>845-340-3435</u></p>	60 calendar days from event.	15 business days from the receipt of the request	45 calendar days from receipt of all necessary information.	<p>May file a second level complaint.</p> <p>Additional complaint may be filed with the NYS DOH at any time by calling <u>800-206-8125</u>.</p>
EmblemHealth EPO/PPO	<p>Sign in to: <u>emblemhealth.com</u> and use My Messages under username drop-down</p> <p>Write to:</p> <p>EmblemHealth P.O. Box 2844 New York, NY 10116-2844</p> <p>Telephone: <u>212-501-4444</u> (TTY: <u>711</u>).</p>	60 calendar days from event.	15 business days from the receipt of the request	45 calendar days from receipt of all necessary information.	May file a second level complaint.