

Member Complaint - Second Level Process Tables

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TABLE 21-4, SECOND 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 receipt of first level determination.	N/A	Two business days from receipt of necessary information.	Additional complaints may be filed with the NYS DOH at any time by calling 800-206-8125 .
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 business days from receipt of first level determination.	N/A	Two business days from receipt of necessary information.	Additional complaints may be filed with the NYS DOH at any time by calling 800-206-8125 .

	P.O. Box 2844 New York, NY 10116-2844 Telephone: <u>877-244-4466</u> (TTY: <u>711</u>). Fax to: <u>845-340-3435</u> .	determination.		information.	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 business days from receipt of first level determination.	N/A	Two business days from receipt of necessary information.	Decision is final.

TABLE 21-5, SECOND 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: <u>800-447-8255</u> (TTY: <u>711</u>).	60 business days from receipt of first level determination.	15 business days from receipt of the request.	30 business days from receipt of all necessary information.	Additional complaints may be filed with the NYS DOH at any time by calling <u>800-206-8125</u> .

GHI HMO	<p>Sign in to: emblemhealth.h.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> <p>Telephone: 877-244-4466 (TTY: 711).</p> <p>Fax to: 845-340-3435.</p>	60 business days from receipt of first level determination.	15 business days from receipt of the request.	30 business days from receipt of all necessary information.	Additional complaints may be filed with the NYS DOH at any time by calling 800-206-8125 .
EmblemHealth EPO/PPO	<p>Sign in to: emblemhealth.h.com 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: 212-501-4444 (TTY: 711).</p>	60 business days from receipt of first level determination.	15 business days from receipt of the request.	30 business days from receipt of all necessary information.	Decision is final.