EmblemHealth

Member Grievance - First Level Process Tables

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TABLE 21-6, FIRST LEVEL MEMBER GRIEVANCE - 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	Unless otherwise directed in the denial letter, sign in to: **emblemhealth.com** 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: **800-447-8255** (TTY: **711**).	180 calendar days from receipt of written adverse determination.	N/A	No later than 48 hours from receipt of all necessary information but not to exceed 72 hours from receipt of the grievance. Verbally at time of determination. Written notice provided no later than 48 hours from receipt of all necessary information or 72 hours from receipt of the grievance.	May file a second level grievance. Additional complaints may be filed with the NYS DOH at any time by calling **800-206-8125**.
	Unless otherwise directed in the denial letter, sign in to: **emblemhealth.com** and use My Messages			No later than 48 hours from receipt of all necessary information but not to exceed 72	

GHI HMO	under username drop-down. Write to: GHI HMO Appeals and Complaints Dept P.O. Box 2844 New York, NY 10116-2844 Telephone: **877-244-4466** (TTY: **711**) Fax to: **845-340-3435**	180 calendar days from receipt of written adverse determination.	N/A	hours from receipt of the grievance. Verbally at time of determination. Written notice provided no later than 48 hours from receipt of all necessary information or 72 hours from receipt of the grievance.	May file a second level grievance. Additional complaints may be filed with the NYS DOH at any time by calling **800-206-8125**.
EmblemHealth EPO/PPO	Unless otherwise directed in the denial letter, sign in to: **emblemhealth.com** and use My Messages under username drop-down. Write to: EmblemHealth P.O. Box 2844 New York, NY 10116-2844 Telephone: **212-501-4444** (TTY: **711**).	180 calendar days from receipt of written adverse determination.	N/A	No later than 48 hours from receipt of all necessary information but not to exceed 72 hours from receipt of the grievance. Verbally at time of determination. Written notice provided no later than 48 hours from receipt of all necessary information or 72 hours from receipt of the grievance.	May file a second level grievance.

TABLE 21-7, FIRST LEVEL MEMBER GRIEVANCE - STANDARD

FOR 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:	
	Unless otherwise directed in the denial letter, sign in to: **emblemhealt**				

HIP Commercial, HIP Child Health Plus	to: **emblemhealth.com** 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: **800-447-8255** (TTY: **711**).	180 calendar days from receipt of written adverse determination.	Pre-Service: Acknowledgement is not required if the response is sent by the 15th calendar day of receipt. Post-Service: 15 calendar days from receipt of the grievance.	Pre-Service: 15 calendar days from receipt of the grievance. Post-Service: 30 calendar days from receipt of grievance.	May file a second level grievance. Additional complaints may be filed with the NYS DOH at any time by calling **800-206-8125**.
GHI HMO	Unless otherwise directed in the denial letter, sign in to: **emblemhealth.com** and use My Messages under username drop-down. Write to: GHI HMO Appeals and Complaints Dept P.O. Box 2844 New York, NY 10116-2844 Telephone: **877-244-4466** (TTY: **711**). Fax to: **845-340-3435**	180 calendar days from receipt of written adverse determination.	*15 business days from receipt of the grievance (post-service). *Acknowledgement is not required if responded to within 15 calendar days	Pre-Service: 15 calendar days from receipt of the grievance. Post-Service: 30 calendar days from receipt of grievance.	May file a second level grievance Additional complaints may be filed with the NYS DOH at any time by calling **800-206-8125**.
EmblemHealth EPO/PPO	Unless otherwise directed in the denial letter, sign in to: **emblemhealth.com** and use My Messages under username drop-down. Write to: EmblemHealth P.O. Box 2844 New York, NY 10116-2844 Telephone:	180 calendar days from receipt of written adverse determination.	*15 business days from receipt of the grievance (post-service). *Acknowledgement is not required if responded to within 15 calendar days.	Pre-Service: 15 calendar days from receipt of the grievance. Post-Service: 30 calendar days from receipt of grievance.	May file a second level grievance.

	Telephone: **212-501-4444** (TTY: **711**)				