

Member Grievance - Second Level Process Tables

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TABLE 21-8, SECOND 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	<p>Unless otherwise directed in the denial letter, 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 written grievance determination.	N/A	<p>Within two business days of receipt of necessary information but not to exceed 72 hours.</p> <p>Verbally at time of determination. Written notice is provided no later than two business days from receipt of all necessary information, or 72 hours from receipt of the grievance.</p>	Additional complaints may be filed with the NYS DOH at any time by calling 800-206-8125 .
	<p>Unless otherwise directed in the denial letter, sign in to: emblemhealth.com and use My Messages under username drop-down.</p>			<p>Within two business days of receipt of necessary information but not to exceed 72 hours.</p>	

GHI HMO	<p>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>	60 business days from receipt of written grievance determination.	N/A	Verbally at time of determination. Written notice is provided no later than two business days from receipt of all necessary information, or 72 hours from receipt of the grievance.	Additional complaints may be filed with the NYS DOH at any time by calling <u>800-206-8125</u> .
EmblemHealth EPO/PPO	<p>Unless otherwise directed in the denial letter, 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</p> <p>Telephone: <u>212-501-4444</u> (TTY: <u>711</u>).</p>	60 business days from receipt of written grievance determination.	N/A	<p>Within two business days of receipt of necessary information but not to exceed 72 hours.</p> <p>Verbally at time of determination. Written notice is provided no later than two business days from receipt of all necessary information, or 72 hours from receipt of the grievance.</p>	Decision is final.

TABLE 21-9, SECOND LEVEL MEMBER GRIEVANCE - STANDARD

COMMERCIAL AND CHILD HEALTH PLUS PLANS

BENEFIT PLAN(S):	WHAT/HOW/WHERE TO FILE INSTRUCTIONS:	TIME FRAMES:			ADDITIONAL RIGHTS:
		Initial Practitioner Filing:	EmblemHealth Acknowledges Receipt:	EmblemHealth Determination Notification:	
	<p>Unless otherwise directed in the denial letter, sign in to: <u>emblemhealth.com</u> and use My Messages under username drop-down.</p>		<p>Pre-Service: Acknowledgement is not required if responded to</p>	<p>Pre-Service: 15 calendar days from receipt of</p>	Additional

HIP Commercial, HIP Child Health Plus	<p>Write to:</p> <p>EmblemHealth Grievance and Appeal Dept P.O. Box 2844 New York, NY 10116-2844</p> <p>Telephone:</p> <p><u>800-447-8255</u> (TTY: <u>711</u>).</p>	60 business days from receipt of written grievance determination.	<p>responded to within 15 calendar days.</p> <p>Post-Service: 15 calendar days from receipt of the grievance- appeal.</p>	<p>grievance- appeal.</p> <p>Post-Service: 30 calendar days from receipt of grievance- appeal.</p>	<p>complaints may be filed with the NYS DOH at any time by calling <u>800-206-8125</u>.</p>
GHI HMO	<p>Unless otherwise directed in the denial letter, sign in to: <u>emblemhealth.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:</p> <p><u>877-244-4466</u> (TTY: <u>711</u>).</p>	60 business days from receipt of written grievance determination.	<p>Pre-Service: Acknowledgement is not required if responded to within 15 calendar days.</p> <p>Post-Service: 15 calendar days from receipt of the grievance- appeal.</p>	<p>Pre-Service: 15 calendar days from receipt of grievance- appeal.</p> <p>Post-Service: 30 calendar days from receipt of grievance- appeal.</p>	<p>Additional complaints may be filed with the NYS DOH at any time by calling <u>800-206-8125</u>.</p>
EmblemHealth EPO/PPO	<p>Unless otherwise directed in the denial letter, 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:</p> <p><u>877-842-3625</u> (TTY: <u>711</u>).</p>	60 business days from receipt of written grievance determination.	<p>Pre-Service: Acknowledgement is not required if responded to within 15 calendar days.</p> <p>Post-Service: 15 calendar days from receipt of the grievance- appeal.</p>	<p>Pre-Service: 15 calendar days from receipt of grievance- appeal.</p> <p>Post-Service: 30 calendar days from receipt of grievance.</p>	<p>Decision is final.</p>

