

Table 21-1, Practitioner Complaint/Grievance Procedure


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COMMERCIAL AND CHILD HEALTH PLUS PLANS					
BENEFIT PLAN(S):	WHAT/HOW/WHERE TO FILE HARD COPY:**	TIME FRAMES:*			ADDITIONAL RIGHTS:
		Initial Practitioner Filing:	EmblemHealth Acknowledges Receipt:	EmblemHealth Determination Notification:	
HIP Commercial, HIP Child Health Plus	<p>Unless otherwise directed in the denial letter or Explanation of Payment (EOP), write to:</p> <p>EmblemHealth Grievance and Appeal Dept P.O. Box 2844 New York, NY 10116-2844</p> <p>Telephone: <u>800-447-8255</u> (TTY: <u>711</u>).</p>	45 calendar days from event.	15 calendar days from receipt of the request.	<p>Complaint: 30 calendar days from receipt of request.</p> <p>Grievance: 45 calendar days from receipt of request.</p>	Decision is final.
GHI HMO	<p>Unless otherwise directed in the denial letter or Explanation of Payment (EOP), write to:</p> <p>GHI HMO Appeals and Complaints Dept P.O. Box 2844 New York, NY 10116-2844</p> <p>Telephone:</p>	45 calendar days from event.	15 calendar days from receipt of the request.	<p>Complaint: 30 calendar days from receipt of request.</p> <p>Grievance: 45 calendar days from receipt of request.</p>	Decision is final.

	<p>877-244-4466</p> <p>TDD: 877-208-7920</p> <p>Fax to: 845-340-3435</p>			request.	
EmblemHealth EPO/PPO	<p>Unless otherwise directed in the denial letter or Explanation of Payment (EOP), write to:</p> <p>EmblemHealth P.O. Box 2844 New York, NY 10116-2844</p> <p>Telephone: 212-501-4444 (TTY: 711)</p>	45 calendar days from event.	15 calendar days from receipt of the request.	<p>Complaint: 30 calendar days from receipt of request.</p> <p>Grievance: 45 calendar days from receipt of request.</p>	Decision is final.

*Privacy complaints are not subject to the above timeframes.

** [Emblemhealth.com/providers](https://emblemhealth.com/providers) is the preferred method for filing.