



Table 21-10, Clinical Appeal - Expedited

COMMERCIAL AND CHILD HEALTH PLUS PLANS					
BENEFIT PLAN(S):	WHAT/HOW/ WHERE TO FILE INSTRUCTIONS:	TIME FRAMES:			ADDITIONAL RIGHTS:
		Initial Member/Provider * Filing:	EmblemHealth Acknowledges Receipt:	EmblemHealth Determination Notification:	
HIP Commercial, HIP Child Health Plus	<p>Unless otherwise directed in the denial letter, write to:</p> <p>EmblemHealth Grievance and Appeal Dept P.O. Box 2844 New York, NY 10116-2844 Telephone: <u>888-447-6855</u> (TTY: <u>711</u>)</p> <p>Fax to: 866-350-2168.</p>	<p>Member: 180 calendar days from receipt of written adverse determination.</p> <p>Provider: Pre- Service on behalf of the member: 180 calendar days from receipt of written adverse determination.</p>	<p>Expedited determinations are made in less than 15 days.</p>	<p>Two business days from receipt of all necessary information, but not to exceed 72 hours from receipt of appeal.</p>	<p>May appeal using our standard appeal process.</p> <p>External appeal process.</p> <p>Additional 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, write to:</p> <p>GHI HMO Appeals and Complaints Dept P.O. Box 2807 New York, NY 10117-2807 Telephone: <u>877-244-4466</u> (TTY: <u>877-208-7920</u>).</p> <p>Fax to: 845-340-3435.</p>	<p>Member: 180 calendar days from receipt of written adverse determination.</p> <p>Provider: Pre- Service on behalf of the member 180 calendar days from receipt of written adverse determination.</p>	<p>Expedited determinations are made in less than 15 days.</p>	<p>Two business days from receipt of all necessary information, but not to exceed 72 hours from receipt of appeal.</p>	<p>May appeal using our standard appeal process.</p> <p>External appeal process.</p> <p>Additional complaints may be filed with the NYS DOH at any time by calling <u>800-206-8125.</u></p>
	<p>Unless otherwise directed in the denial letter,</p>	<p>Member: 180</p>			

<p>EmblemHealth PPO/EPO</p>	<p>denial letter, write to:</p> <p>EmblemHealth Supervisor of Appeals PO Box 2809 New York, NY 10116 Telephone: <u>888-906-7668</u> (TTY: <u>711</u>)</p> <p>Fax to: 212-287-2754.</p>	<p>Member: 180 calendar days from receipt of written adverse determination.</p> <p>Provider: Pre- Service on behalf of the member: 180 calendar days from receipt of written adverse determination.</p>	<p>Expedited determinations are made in less than 15 days.</p>	<p>Two business days from receipt of all necessary information, but not to exceed 72 hours from receipt of appeal.</p>	<p>May appeal using our standard appeal process.</p> <p>External appeal process.</p>
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*Contracted provider time frames in provider agreements will supersede time frames in this manual except in the case of regulatory requirements.