

Table 21-10, Clinical Appeal - Expedited

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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: <b><u>888-447-6855</u></b> (TTY: <b><u>711</u></b>)</p> <p>Fax to: <b>866-350-2168.</b></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>	Expedited determinations are made in less than 15 days.	Two business days from receipt of all necessary information, but not to exceed 72 hours from receipt of appeal.	<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 <b><u>800-206-8125.</u></b></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: <b><u>877-244-4466</u></b> (TTY: <b><u>877-208-7920</u></b>).</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>	Expedited determinations are made in less than 15 days.	Two business days from receipt of all necessary information, but not to exceed 72 hours from receipt of appeal.	<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 <b><u>800-206-8125.</u></b></p>

	Fax to: <b>845-340-3435.</b>				
EmblemHealth PPO/EPO	<p>Unless otherwise directed in the denial letter, write to:</p> <p>EmblemHealth Supervisor of Appeals PO Box 2809 New York, NY 10116 Telephone: <b><u>888-906-7668</u></b> (TTY: <b><u>711</u></b>)</p> <p>Fax to: <b>212-287-2754.</b></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>	Expedited determinations are made in less than 15 days.	Two business days from receipt of all necessary information, but not to exceed 72 hours from receipt of appeal.	<p>May appeal using our standard appeal process.</p> <p>External appeal process.</p>

\*Contracted provider time frames in provider agreements will supersede time frames in this manual except in the case of regulatory requirements.