






Table 21-12, Facility Retrospective Review Request

-  [**Download the Chapter**](#)
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FOR DENIALS BASED ON "NO PRIOR APPROVAL"				
FOR DENIALS BASED ON "NO E.R. NOTIFICATION"				
BENEFIT PLAN(S):	WHAT/HOW/WHERE TO FILE INSTRUCTIONS:	TIME FRAMES:*		ADDITIONAL RIGHTS:
		Initial Facility Filing:	EmblemHealth Determination Notification:	
HIP Commercial and 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</p> <p>Telephone: 866-447-9717 (TTY: 711).</p>	45 calendar days from receipt of remittance statement.	Notification of determination is made within 30 days from receipt of the necessary information.	May file a facility clinical appeal.
GHI HMO	See Member Appeal.			
EmblemHealth PPO/EPO	<p>Unless otherwise directed in the denial letter, write to:</p> <p>EmblemHealth Supervisor of Appeals P.O. Box 2809 New York, NY 10116</p> <p>Telephone: 866-447-9717 (TTY: 711).</p>	45 calendar days from receipt of remittance statement.	Notification of determination is made within 30 days from receipt of the necessary information.	May file a facility clinical appeal.

* Contracted facility time frames in provider agreements will supersede time frames in this manual.