

Table 21-13, Facility Clinical Appeal

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FOR DENIALS BASED ON "NO INFORMATION"					
WHEN MEMBERS ARE ALREADY DISCHARGED					
BENEFIT PLAN(S):	WHAT/HOW/WHERE TO FILE INSTRUCTIONS:	TIME FRAMES:			ADDITIONAL RIGHTS:
		Initial Facility Filing:	EmblemHealth Acknowledges Receipt:	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: 800-447-8255 (TTY: 711).</p>	45 calendar days from receipt of written adverse determination.	15 calendar days from receipt of necessary information.	<p>For members already discharged or "no information" denial:</p> <p>Five business days from determination.</p> <p>For no E.R. notification:</p> <p>Within two business days of determination.</p> <p>60 calendar days.</p> <p>(30 days for PPO accounts)</p> <p>Both member and provider notified within two business days of determination.</p>	
	For members already discharged:				

GHI HMO	<p>This process does not exist for these plans. Please file a member appeal.</p> <p>For "no information" denial or no E.R. notification: This process does not exist for these plans. Please file a dispute of this type as a practitioner grievance.</p>				
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: <u>866-447-9717</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: 45 calendar days from the claim denial, unless specified otherwise by your contract with HIP.</p>	15 calendar days from receipt of necessary information.	<p>60 calendar days from receipt .</p> <p>(30 days for PPO accounts)</p> <p>Both member and provider notified within two business days of determination.</p>	External appeal.