



Table 23-1, Provider Complaint/Grievance Procedures

TABLE 23-1, PROVIDER COMPLAINT/GRIEVANCE PROCEDURES				
EMBLEMHEALTH MEDICARE HMO AND PPO PLANS				
BENEFIT PLAN(S):	WHAT/HOW/WHERE TO FILE HARD COPY:**	TIME FRAMES:*		ADDITIONAL RIGHTS:
EmblemHealth Medicare HMO Plans	Sign in to <a href="https://emblemhealth.com/providers">emblemhealth.com/providers</a> and use My Messages under username drop-down  Write to: EmblemHealth Medicare HMO P.O. Box 2807 New York, NY 10116-2807	Initial Practitioner Filing:	EmblemHealth Determination Notification:	Decision is final.
		60 calendar days from event. <b>Exceptions:</b> SU NY Downstate - 90 calendar days from event; Stony Brook Affiliations - 120 calendar days from event.	Complaint: 30 calendar days from receipt of request.  Grievance: 30 calendar days from receipt of request.	
EmblemHealth Medicare PPO Plans	Sign in to <a href="https://emblemhealth.com/providers">emblemhealth.com/providers</a> and use My Messages under username drop-down  Write to: EmblemHealth Medicare PPO P.O. Box 2807 New York, NY 10116-2807	60 calendar days from event.	Complaint: 30 calendar days from receipt of request.  Grievance: 30 calendar days from receipt of request.	Decision is final.

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

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