

Table 23-1, Provider Complaint/Grievance Procedures




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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:
		Initial Practitioner Filing:	EmblemHealth Determination Notification:	
EmblemHealth Medicare HMO Plans	Sign in to emblemhealth.com/providers and use My Messages under username drop-down Write to: EmblemHealth Medicare HMO P.O. Box 2807 New York, NY 10116-2807	60 calendar days from event. Exceptions: 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.	Decision is final.
EmblemHealth Medicare PPO Plans	Sign in to emblemhealth.com/providers 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.

