

Table 23-3, Appeal - Contracted Facility Clinical Appeal

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TABLE 23-3, APPEAL - CONTRACTED FACILITY CLINICAL APPEAL					
EMBLEMHEALTH MEDICARE HMO PLANS					
BENEFIT PLAN(S):	WHAT/HOW/WHERE TO FILE:  INSTRUCTIONS:	TIME FRAMES:			ADDITIONAL RIGHTS:
		Initial Provider Filing:*	EmblemHealth Acknowledges Receipt:	EmblemHealth Determination Notification:	
EmblemHealth Medicare HMO Plans	Write to:  EmblemHealth Medicare HMO P.O. Box 2844 New York, NY 10116-2844  Telephone: <b>888-447-8255</b> (TTY: <b>711</b> ).	60 calendar days from receipt of written adverse determination. <b>Exceptions:</b> NY Presbyterian - 365 calendar days from discharge date or 60 calendar days from denial date (whichever is later); Long Island Health Network - 60 calendar days; SUNY Downstate - 120 calendar days.	15 calendar days from receipt of request.	30 calendar days for pre-service and <b>60</b> calendar days for post-service from receipt of request.  The provider notified within two days of determination.	N/A

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