

TABLE 22-1, ACTION APPEAL - STANDARD MEMBER, MEMBER DESIGNEE OR PRACTITIONER FILING ON MEMBER'S BEHALF AND PRACTITIONER FILING ON THEIR OWN BEHALF

MEDICAID MANAGED CARE					
BENEFIT PLAN(S)	WHAT/HOW/ WHERE TO FILE: INSTRUCTIONS	TIME FRAMES			ADDITIONAL RIGHTS
		Initial Member Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification	
Medicaid	<p>Write to:</p> <p>EmblemHealth Grievance and Appeal Dept. PO Box 2844 New York, NY 10116-2844</p> <p>Telephone: 800-447-8255 TTY/TDD: 711</p>	Within 60 calendar days from receipt of written adverse determination	Within 15 calendar days	<p>Within 30 calendar days from receipt of request</p> <p>May be extended for up to 14 days for reasons noted in Extensions above</p> <p>Written notice will be issued within 2 business days of resolution: no longer than 30 days after receipt</p>	<p><u>External appeal</u> (if applicable)</p> <p><u>Fair hearing</u> Additionally, a complaint may be filed with the NYSDOH at any time by calling 1-800-206-8125</p>

TABLE 22-2, EXPEDITED ACTION APPEAL MEMBER, MEMBER DESIGNEE OR PRACTITIONER FILING ON MEMBER'S BEHALF

MEDICAID MANAGED CARE					
BENEFIT PLAN(S)	WHAT/HOW/ WHERE TO FILE: INSTRUCTIONS	TIME FRAMES			ADDITIONAL RIGHTS
		Initial Member Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification	
Medicaid	<p>Telephone: Expedited Appeal Line 888-447-6855 TTY/TDD: 711</p> <p>Fax to: Expedited Appeal Line 866-350-2168</p> <p>For actions issued by eviCore, file appeals with eviCore</p>	Within 60 calendar days from receipt of written adverse determination	NA - Expedited determinations are made more quickly than the time frame to send the acknowledgement letter	<p>Within 2 business days from receipt of all necessary information and no later than 72 hours from receipt of action appeal request</p> <p>May be extended for up to 14 days for reasons noted in Extensions above</p>	<p>May appeal using our standard action appeal process</p> <p><u>External appeal</u> (if applicable)</p> <p><u>Fair hearing</u> Additional complaints may be filed with the NYSDOH at any time by calling 1-800-206-8125</p>

**TABLE 22-3, PRACTITIONER COMPLAINT PROCEDURES PRACTITIONER FILING
ON THEIR OWN BEHALF**

MEDICAID MANAGED CARE					
BENEFIT PLAN(S)	WHAT/HOW/ WHERE TO FILE: INSTRUCTIONS	TIME FRAMES*			ADDITIONAL RIGHTS
		Initial Practitioner Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification	
Medicaid	Write to: EmblemHealth Grievance and Appeal Dept. P.O. Box 2844 New York, NY 10116- 2844 Telephone: 800-447-8255 TTY/TDD: 711	Within 60 calendar days from event	Within 15 calendar days from receipt	Within 30 calendar days from receipt	N/A

**TABLE 22-4, COMPLAINT - EXPEDITED
MEMBER, MEMBER DESIGNEE OR PRACTITIONER FILING ON MEMBER'S BEHALF**

MEDICAID MANAGED CARE					
BENEFIT PLAN(S)	WHAT/HOW/ WHERE TO FILE INSTRUCTIONS	TIME FRAMES*			ADDITIONAL RIGHTS
		Initial Member Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification	
Medicaid	Write to: EmblemHealth Grievance and Appeal Dept. P.O. Box 2844 New York, NY 10116- 2844 Telephone: 800-447-8255 TTY/TDD: 711	Within 90 calendar days from event	Within 15 business days from receipt	Within 48 hours from receipt of all necessary information and no later than 7 days after receipt of the complaint	May file a complaint appeal, expedited or standard Additional complaints may be filed with the NYSDOH at any time by calling 1-800-206-8125 .

**TABLE 22-5, COMPLAINT - STANDARD
MEMBER, MEMBER DESIGNEE OR PRACTITIONER FILING ON MEMBER'S BEHALF**

MEDICAID MANAGED CARE					
BENEFIT PLAN(S)	WHAT/HOW/ WHERE TO FILE INSTRUCTIONS	TIME FRAMES*			ADDITIONAL RIGHTS
		Initial Member Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification	
Medicaid	Write to: EmblemHealth Grievance and Appeal Dept. P.O. Box 2844 New York, NY 10116- 2844 Telephone: 800-447-8255 TTY/TDD: 711	90 calendar days	Within 15 business days from receipt	Within 45 calendar days from receipt of all necessary info, but not to exceed 60 calendar days from receipt of the complaint	May file a complaint appeal, expedited or standard Additional complaints may be filed with the NYSDOH at any time by calling 1-800-206-8125 .

**TABLE 22-6, COMPLAINT APPEAL - EXPEDITED
MEMBER, MEMBER DESIGNEE OR PRACTITIONER FILING ON MEMBER'S BEHALF**

MEDICAID MANAGED CARE					
BENEFIT PLAN(S)	WHAT/HOW/ WHERE TO FILE: INSTRUCTIONS	TIME FRAMES*			ADDITIONAL RIGHTS
		Initial Member Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification	
Medicaid	Write to: EmblemHealth Grievance and Appeal Dept. P.O. Box 2844 New York, NY 10116- 2844 Telephone: 800-447-8255 TTY/TDD: 711	Within 60 business days from receipt of complaint determination	Within 15 business days from receipt	Within 2 business days from receipt of necessary information	Additional complaints may be filed with the NYSDOH at any time by calling 1-800-206-8125

**TABLE 22-7, COMPLAINT APPEAL - STANDARD
MEMBER, MEMBER DESIGNEE OR PRACTITIONER FILING ON MEMBER'S BEHALF**

MEDICAID MANAGED CARE					
BENEFIT PLAN(S)	WHAT/HOW/ WHERE TO FILE: INSTRUCTIONS	TIME FRAMES*			ADDITIONAL RIGHTS
		Initial Member Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification	
Medicaid	Write to: EmblemHealth Grievance and Appeal Dept. P.O. Box 2844 New York, NY 10116- 2844 Telephone: 800-447-8255 TTY/TDD: 711	Within 60 business days from receipt of complaint determination	Within 15 business days from receipt	Within 30 business days from receipt of all necessary information	Additional complaints may be filed with the NYSDOH at any time by calling 1-800-206-8125

**TABLE 22-8, PRACTITIONER GREIVANCE PROCEDURES PRACTITIONER FILING
ON THEIR OWN BEHALF**

MEDICAID MANAGED CARE					
BENEFIT PLAN(S)	WHAT/HOW/ WHERE TO FILE: INSTRUCTIONS	TIME FRAMES			ADDITIONAL RIGHTS
		Initial Practitioner Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification	
Medicaid	Write to: EmblemHealth Grievance and Appeal Dept. P.O. Box 2844 New York, NY 10116-2844 Telephone: 800-447-8255 TTY/TDD: 711	Within 45 calendar days from claim denial	Within 15 calendar days from receipt	Within 45 calendar days from receipt	N/A

* Privacy complaints are not subject to these time frames.