

## PROVIDER CUSTOMER CARE ADVOCATES

**1-866-447-9717**, Seven days a week (excluding major holidays), 8:00 a.m. to 8:00 p.m.  
Free multi-language interpreter service is available. To access an interpreter, call a Provider Customer Care Advocate for assistance.

## CLAIMS CONTACTS

Benefit Plan	Type of Claim	Payor ID	Clearing House	Submission Address	Contact for Inquiries
GuildNet Gold Plus FIDA Plan (Medicare-related services only)	Professional/Hospital	55247	Vendor or direct submission	EmblemHealth PO Box 2845 New York, NY 10116-2845	<a href="http://www.emblemhealth.com">www.emblemhealth.com</a> or <b>1-866-447-9717</b>
	Behavioral Health			EmblemHealth PO Box 803 Latham, NY 12110	
GuildNet Gold Plus FIDA Plan (Medicaid-related services only)	Professional/Hospital	55247	Vendor/Relay Health	GuildNet c/o Relay Health 1564 Northeast Expy MS HQ-2361 Atlanta, GA 30329	<b>1-866-775-8860</b>

### Clinical Pharmacy Services (Practitioners)

**1-877-362-5670**, Monday through Friday, 8 am to 6 pm

### Retail Pharmacy Services (Pharmacies)

GuildNet Gold Plus FIDA Plan (Medicare-related services only)

**1-877-793-6253**, 24 hours a day, 7 days a week

### Behavioral Health Services

**1-888-447-2526**, Monday through Friday, 9 am to 5 pm and 24 hours, 7 days a week for emergencies

### How to Obtain a Prior Approval

The IDT makes service and authorization decisions. Authorizations between IDT meetings and before the PCSP is developed must be made through EmblemHealth's Utilization Management process for Medicare-only GuildNet members. Submit requests via the EmblemHealth website: [www.emblemhealth.com](http://www.emblemhealth.com) or call **1-866-447-9717**.

**ACTION APPEAL - STANDARD PARTICIPANT, PARTICIPANT DESIGNEE OR PRACTITIONER FILING ON PARTICIPANT'S BEHALF**

Benefit Plan	What/How/Where to File: Instructions	Time Frames		
		Initial Participant Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification
<p>GuildNet Gold Plus FIDA Plan (Medicare-related services only)</p>	<p><b>For Medicare Services:</b> Write to: EmblemHealth PO Box 2807, New York, NY 10116-2807</p> <p>Telephone (for participants): <b>1-855-283-2148</b> TTY/TDD: <b>711</b></p> <p><b>For Medicaid Services:</b> Write to: GuildNet 15 W 66 St, 6th Floor New York, NY 10023</p> <p>Telephone (for participants): <b>1-800-932-4732</b></p>	<p>Within 60 calendar days from receipt of written adverse determination</p>	<p>Within 15 calendar days from receipt of request</p>	<p>Within 30 calendar days from receipt of request.</p> <p>May be extended for up to 14 days for reasons similar to those noted in the EmblemHealth Provider Manual Dispute Resolution chapters.</p>

**Additional Rights:** If applicable, will be included in the determination letter

**EXPEDITED ACTION APPEAL PARTICIPANT, PARTICIPANT DESIGNEE OR PRACTITIONER FILING ON PARTICIPANT'S BEHALF**

Benefit Plan	What/How/Where to File: Instructions	Time Frames	
		Initial Participant Filing	EmblemHealth Determination Notification
GuildNet Gold Plus FIDA Plan (Medicare-related services only)	Sign in to: <a href="http://www.emblemhealth.com">www.emblemhealth.com</a>  Write to: EmblemHealth PO Box 2807 New York, NY 10116-2807  Telephone (for participants): <b>1-855-283-2148</b> TTY/TDD: 711	Within 60 calendar days from receipt of written adverse determination	Paper review unless a participant requests in-person review. As fast as the participant's condition requires, but no later than within 72 hours of the receipt of the request.
<b>Additional Rights:</b> If applicable, will be included in the determination letter			

**PRACTITIONER COMPLAINT PROCEDURES PRACTITIONER FILING ON HIS/HER OWN BEHALF**

Benefit Plan	What/How/Where to File: Instructions	Time Frames		
		Initial Participant Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification
GuildNet Gold Plus FIDA Plan (Medicare-related services only)	Sign in to: <a href="http://www.emblemhealth.com">www.emblemhealth.com</a>  Write to: EmblemHealth PO Box 2807 New York, NY 10116-2807	Within 45 calendar days from event	Within 15 calendar days from receipt of request	<b>Complaint:</b> Within 30 calendar days from receipt of request  <b>Grievance:</b> Within 45 calendar days from receipt of request

**Additional Rights:** Decision is final

**COMPLAINT - PARTICIPANT, PARTICIPANT DESIGNEE OR PRACTITIONER  
PROCEDURES FILING ON PARTICIPANT'S BEHALF**

Benefit Plan	What/ How/ Where to File: Instructions	Time Frames		
		Initial Participant Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification
GuildNet Gold Plus FIDA Plan POS (Medicare-related services only)	Sign in to: <a href="http://www.emblemhealth.com">www.emblemhealth.com</a>  Write to: EmblemHealth PO Box 2807, New York, NY 10116-2807  Telephone (for participants): <b>1-855-283-2148</b> TTY/TDD: <b>711</b>	Within 60 calendar days from event	Within 15 calendar days from receipt of request	<b>Expedited:</b> Decision and notification within 24 hours in certain circumstances.  For all other circumstances decision and notification within 48 hours from receipt of all necessary information and no more than 7 calendar days from the receipt.  <b>Standard:</b> Within 30 calendar days from receipt of request.

**Additional Rights:** None