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

M	TABLE 22-2, EXPEDITED ACTION APPEAL MEMBER, MEMBER DESIGNEE OR PRACTITIONER FILING ON MEMBER'S BEHALF							
	MEDICAID MANAGED CARE							
	WHAT/HOW/	TIME FRAMES						
BENEFIT PLAN(S)	WHERE TO FILE: INSTRUCTIONS	Initial Member Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification	ADDITIONAL RIGHTS			
Medicaid	Telephone: Expedited Appeal Line 888-447-6855 TTY/TDD: 711 Fax to: Expedited Appeal Line 866-350-2168 For actions issued by eviCore, file appeals with eviCore	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	Within 2 business days from receipt of all necessary information and no later than 72 hours from receipt of action appeal request May be extended for up to 14 days for reasons noted in Extensions above	May appeal using our standard action appeal process External appeal (if applicable) Fair hearing Additional complaints may be filed with the NYSDOH at any time by calling 1-800-206-8125			

TABLE 22-3, PRACTITIONER COMPLAINT PROCEDURES PRACTITIONER FILING ON THEIR OWN BEHALF								
	MEDICAID MANAGED CARE							
	WHAT/HOW/		TIME FRAMES*					
BENEFIT	WHERE TO FILE:	Initial	EmblemHealth	EmblemHealth	ADDITIONAL			
PLAN(S)	INSTRUCTIONS	Practitioner Filing	Acknowledges Receipt	Determination Notification	RIGHTS			
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							
	WHAT/HOW/							
BENEFIT PLAN(S)	WHERE TO FILE INSTRUCTIONS	Initial Member Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification	ADDITIONAL RIGHTS			
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	WHAT/HOW/		TIME FRAMES*		ADDITIONAL			
PLAN(S)	WHERE TO FILE INSTRUCTIONS	Initial Member Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification	RIGHTS			
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							
	WHAT/HOW/		TIME FRAMES*					
BENEFIT PLAN(S)	WHERE TO FILE: INSTRUCTIONS	Initial Member Filing	EmblemHealth Acknowledges Receipt	EmblemHealth Determination Notification	ADDITIONAL RIGHTS			
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** TIME FRAMES* WHAT/HOW/ **BENEFIT** EmblemHealth EmblemHealth **ADDITIONAL** WHERE TO FILE: **Initial Member** PLAN(S) RIGHTS Acknowledges Determination **INSTRUCTIONS** Filing Receipt Notification Write to: EmblemHealth Within 60 Additional Grievance and Within 30 Appeal Dept. business complaints may Within 15 business days P.O. Box 2844 days from be filed with the Medicaid business days from receipt of New York, NY receipt of NYSDOH at any from receipt all necessary complaint 10116- 2844 time by calling information 1-800-206-8125 determination Telephone: 800-447-8255 TTY/TDD: **711**

TABLE 22-8, PRACTITIONER GREIVANCE PROCEDURES PRACTITIONER FILING ON THEIR OWN BEHALF									
	MEDICAID MANAGED CARE								
	WHAT/HOW/								
BENEFIT	WHERE TO FILE:	Initial	EmblemHealth	EmblemHealth	ADDITIONAL				
PLAN(S)	INSTRUCTIONS	Practitioner Filing	Acknowledges Receipt	Determination Notification	RIGHTS				
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.