

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	www.emblemhealth.com or 1-866-447-9717
	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	1-866-775-8860

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 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>For Medicare Services: Write to: EmblemHealth PO Box 2807, New York, NY 10116-2807</p> <p>Telephone (for participants): 1-855-283-2148 TTY/TDD: 711</p> <p>For Medicaid Services: Write to: GuildNet 15 W 66 St, 6th Floor New York, NY 10023</p> <p>Telephone (for participants): 1-800-932-4732</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: www.emblemhealth.com Write to: EmblemHealth PO Box 2807 New York, NY 10116-2807 Telephone (for participants): 1-855-283-2148 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.
Additional Rights: 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: www.emblemhealth.com 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	Complaint: Within 30 calendar days from receipt of request Grievance: 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: www.emblemhealth.com Write to: EmblemHealth PO Box 2807, New York, NY 10116-2807 Telephone (for participants): 1-855-283-2148 TTY/TDD: 711	Within 60 calendar days from event	Within 15 calendar days from receipt of request	Expedited: 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. Standard: Within 30 calendar days from receipt of request.

Additional Rights: None