

# Grievance and Appeal Contacts for Managed Long Term Care Plans

**SINCE MARCH 1, 2018, members of Medicaid Managed Care and Managed Long Term Care plans will be required to request an INTERNAL APPEAL within their plan, and wait until the plan decides that appeal before they may request a FAIR HEARING when they receive an Initial Adverse Determination denying or partially denying a request for services.** This is called the "exhaustion requirement" and is required by federal regulations. Read more about this change here - [Heads Up - Changes Coming in Fair Hearing Rights for MLTC and Managed Care Members - March 2018](#). NOTE: the "exhaustion requirement" does not apply to Fair Hearings regarding Medicaid eligibility.

On this web page, we will post the contact information for members to request internal appeals in MLTC plans. This will include phone, e-mail, fax, and regular mail addresses. Please let us know any corrections or additions at [eflrp@nylag.org](mailto:eflrp@nylag.org)

An enrollee must use either the plan's appeal or grievance procedures depending on the type of problem presented.

- A **grievance** is an expression of dissatisfaction with the plan. For example, an aide came late, the enrollee was treated rudely or was not called back, a request for services hasn't been processed or responded to. A grievance is not about the scope, amount or type of service that was approved by the plan.
- An **Internal Appeal** is a request for a review of an action taken by a plan. If the MLTC plan denies, reduces, or ends services that the enrollee believes he or she should have, he or she has the right to appeal. For example, the plan reduces personal care services from 12 to 8 hours/day, or denies your request to participate in the Consumer-Directed Personal Assistance Program (CDPAP). Beginning March 1, 2018, the member **MUST** request this internal appeal first and wait until it is decided by the plan **BEFORE** requesting a Fair Hearing.

An overview of [Grievances and Appeal rights is available in this article linked here.](#)

**In some cases, in ADDITION TO FILING A GRIEVANCE OR APPEAL WITH THE PLAN, you might ALSO COMPLAIN TO THE STATE --**

**State Complaint Number for MLTC Problems - 866-712-7197**

- E-mail [mltctac@health.ny.gov](mailto:mltctac@health.ny.gov)
- For enrollment complaints - call NY Medicaid Choice -
  - ◆ 1-855-886-0570 (Advocates line)
  - ◆ 1-888-401-6582 (Consumers line)

## 1. MLTC Plans Information on Appeals or Grievances -

<b>PLAN</b>	<b>Appeals &amp; Grievance Information</b> <b>UPDATED as of 04/30/18</b>	<b>Mail / in-person</b> <b>Address to Request and or File Appeals</b>	<b>Phone/Fax/Email to Request Appeal</b> <b>UPDATED as of 04/30/18</b>
<a href="#">Aetna Better Health</a>	Appeal info <a href="#">here</a> . Member handbook <a href="#">here</a> .	Aetna Better Health Grievance Systems Manager 55 West 125th Street, Suite 1300 NYC, NY 10027	TEL: 855-456-9126 FAX: <b>855-264-3822</b>
<a href="#">Agewell</a>	Appeal info <a href="#">here</a> . Member handbook <a href="#">here</a> .	AgeWell New York <b>Appeals and Grievances Department</b> 1991 Marcus Avenue. Suite M201 Lake Success, NY 11042	TEL: 866-586-8044 TTY: 800-662-1220
<a href="#">Archcare Community Life</a>	Member handbook <a href="#">here</a> .	Appeals & Grievances Department, 33 Irving Place, 11th Floor, New York, NY 10003	TEL: 855-467-9351 FAX: 212â 524â 5163
<a href="#">Catholic Health LIFE</a>	Handbook can be found <a href="#">here</a> .	55 Melroy Ave Lackawanna, NY 14218	TEL: (855) 671-3341 FAX: 716-819-5099
<a href="#">Centers Plan for Healthy Living</a>	Grievance & Appeals Appeal info <a href="#">here</a> <a href="#">Where to request appeals here.</a> Member handbook <a href="#">here</a> (4 languages) (3/2017)	Centers Plan for Healthy Living Advantage Care HMO 75 Vanderbilt Avenue Staten Island, NY 10304 Attention: Grievance and Appeals Department	TEL: 855-270-1600 ext 3792 FAX: 347-505-7089 Email: <a href="mailto:GandA@centersplan.com">GandA@centersplan.com</a>
<a href="#">Complete Senior Care</a>	Nondiscrimination Statement can be found <a href="#">here</a> .	<b>Senior Care Plus</b> 10315 Professional Circle Reno, NV 89521	TEL: (888) 303-4333 FAX: <b>716-285-8249</b>
<a href="#">Eddy SeniorCare</a>	Handbook can be found <a href="#">here</a> .	504 State St Schenectady, NY 12305	TEL: (518) 382-3290

<u>ElderServe Health Inc.</u>	Corporate Policy - MLTC - Appeals from Adverse Determinations, undated.  Corporate Policy - MLTC - Grievance Procedure, undated.	Quality Department  80 West 225 St, 2 <sup>nd</sup> floor, Bronx, 10463	TEL: 800-370-3600  FAX: 888-341-5009 (To Pamela Baez)
<u>Elderwood Health Plan MLTC</u>	Handbook can be found <a href="#">here</a> .	Member Services Department Elderwood Health Plan 7 Limestone Drive Williamsville, NY 14221	TEL: 866-843-7526  FAX: 716-568-8378
<u>Erie Niagara d/b/a Kalos Health</u>	Member handbook can be found <a href="#">here</a> .	2424 Niagara Falls Blvd. Niagara Falls, NY 14304	TEL: 800-894-2464
<u>Evercare Choice</u>	Member handbook can be found <a href="#">here</a> .  Complaint and Appeals handbook can be found <a href="#">here</a> .	EverCare Choice  Attn: Appeals  31 Cerone Place  Newburgh, NY 12550	TEL: (845) 569-0500
<u>Extended MLTC</u>	<u>Member Handbook Effective 5/01/2018</u>	Extended MLTC, LLC, 21 Penn Plaza 360 West 31st Street, Suite 304, New York, NY 10001 ATTN: Membership Services Department.	TEL: 855-299-6492 (Ask for Membership Services Department)  FAX: 718-761-5948
<u>Fallon Health Weinberg MLTC</u>	MLTC Manual can be found <a href="#">here</a> .	Fallon Health Member Appeals and Grievances 10 Chestnut St. Worcester, MA 01608	TEL: <b>866-882-8185</b>  <b>FAX:</b> 508-755-7393
<u>Fidelis Care at Home</u>	Corporate Policy - MLTC - Appeals from Adverse Determinations, last revised August 22, 2011. Appeals information begins on p. 8.	Fidelis Care at Home, 95-25 Queens Boulevard, Rego Park, New York 11374	TEL: 800-688-7422  TTY: 800-695-8544  FAX: 716-803-8727

	<u>Corporate Policy - MLTC - Greivance Procedure, p. 1</u>  Member handbook <a href="#">here</a> .		
<u>Guildnet MLTC</u>	CLOSED	CLOSED	TEL: 800-932-4703
<u>Hamaspik Choice, Inc.</u>	Member Handbook can be found <a href="#">here</a> .	Hamaspik CHOICE, Inc.  58 Rt. 59, Suite 1  Monsey, NY 10952	TEL: (855) 552-4642  FAX: 845-503-1501
<u>HealthPlus MLTC</u> (Empire BlueCross Blue Shield)	<u>Corporate Policy - MLTC - Appeals of Adverse Determinations, last revised March 24, 2011</u>  <u>Corporate Policy - MLTC - Grievance Procedure, last revised Dec. 28, 2011.</u>	Grievance and Appeals Empire BlueCross BlueShield HealthPlus PO Box 62429, Virginia Beach, VA 23466-2429.  Request Evidence Packet: Empire BlueCross BlueShield HealthPlus 9 Pine Street, 14 <sup>th</sup> Floor New York, NY 10005  Attn: <u>Grievance and Appeals Department - Physical Health Dept</u>  Include member ID and Appeal ID numbers (listed in FAD)	TEL: 800-950-7679  FAX: 866-495-8716  Evidence Packet Requests Fax No 888-642-4009
<u>HomeFirst, Inc. MLTC</u> (ElderPlan)	<u>Member Handbook for Appeals and Complaints</u>  <u>Member Handbook - General (English)</u>	Elderplan Attn: Appeals & Grievances Department 745 64th Street, Brooklyn, N.Y. 11220	TEL: 877-771-1119  FAX: 718-765-2027
<u>iCircle Care</u>	Member handbook for Complaints and Appeals can be found <a href="#">here</a> .	860 Hard Rd Webster, NY 14580	TEL: 855-775-3778  FAX: 888-519-2816

<u>Independence Care System</u>	CLOSED (now a health home)	CLOSED	TEL: 877-427-2525
<u>Independent Living for Seniors d/b/a ElderONE</u>	Information on services can be found <a href="#">here</a> . More information about ElderONE can be found <a href="#">here</a> .	2066 Hudson Ave Rochester, NY 14617	TEL: 585-922-9920
Integra MLTC	<u>Member Handbook English</u>  <u>Member Handbook Appeals and Complaints (05/01/2018)</u>	Member Services Integra MLTC, Inc. 1981 Marcus Avenue, Suite 100 Lake Success, NY 11042	TEL: 855-661-0002 FAX: 718-368-6267
<u>MetroPlus</u>	<u>Appeals and Grievance</u> info starts on page 19 of the member handbook - <u>English</u> and <u>Spanish</u> (2014)	MetroPlus Health Plan Managed Long Term Care 160 Water Street, 3rd Floor New York, NY 10038	TEL: 800-303-9626 FAX: 212-908-5282
Montefiore Diamond Care (Bronx)	<u>Member Handbook</u>	Montefiore Diamond Care Grievances and Appeals Department Box 500 200 Corporate Blvd. South, Suite 200 Yonkers, NY 10701	TEL: 855-556-6683 FAX: 915-457-9516
<u>PACE CNY MLTC</u>	Information on services can be found <a href="#">here</a> .	100 Malta Ln North Syracuse, NY 13212	TEL: (888) 728-7223
<u>Partners Health Plan</u>	Member handbook can be found <a href="#">here</a> .	Partners Health Plan Claim Appeals PO Box 16309 Lubbock, TX 79490	TEL: (855) 747-5483
<u>Prime Health Choice LLC</u>	Member handbook can be downloaded <a href="#">here</a> .	3125 Emmons Ave Brooklyn, NY 11235	TEL: (855) 777-4630 FAX: 718-513-7370
RiverSpring at Home	<u>Member Handbook (English)</u>	RiverSpring Star, ATTN: Appeals & Grievance Dept. 94 W 225th St. 2nd Floor; Bronx, NY 10463	TEL: 800-580-7000 FAX: 888-810-0215

<u>Senior Health Partners (Healthfirst )</u>	<u>Member Handbook</u>	Senior Health Partners Attn: Appeals and Grievances PO Box 5166 New York, NY 10274-5166	TEL: 800-633-9717 FAX: 646-313-4603
<u>Senior Network Health LLC</u>	Member Handbook can be found <u>here</u> .	1650 Champlin Ave. Utica, NY 13502	TEL: (888) 355-4764 FAX: 315-735-6027 (Claims Dept.) FAX: 315-624-4541 (Senior Health)
<u>Senior Whole Health of New York - MLTC</u>	Member handbook available <u>here</u> .	Senior Whole Health of New York Quality Improvement Department 58 Charles Street Cambridge, MA 02141	TEL: 877-353-0185
<u>Total Senior Care Inc.</u>		519 North Union St Olean, NY 14760	TEL: (866) 939-8613
<u>UnitedHealthcare Personal Assist</u>	CLOSED 9/1/19	CLOSED	
<u>VillageCare Max</u>	<u>Member handbook</u> beginning page 29.	VillageCareMAX Appeals 112 Charles Street New York, NY 10014	TEL: 800-469-6292 FAX: 212-337-5711
<u>VNA Homecare Options LLC</u>		VNA Homecare Options Appeals  PO Box 11157  Syracuse, NY 13218	TEL: 1-866-783-1444
<u>VNSNY Choice MLTC</u>	<u>Member handbook</u> beginning page 58.	VNSNY CHOICE MLTC Grievance and Appeals P.O. Box 445 Elmsford, NY 10523	TEL: 800-469-6292 Email: <a href="mailto:grievance.appeals@vnsny.org">grievance.appeals@vnsny.org</a>
<u>WellCare Advocate MLTC</u>	Appeals information available <u>here</u> . Member handbook <u>here</u> .	<b>WellCare Appeals Department</b> <b>P.O. Box 31384</b> <b>Tampa, FL 33631-3384</b>	TEL: 877-395-4282 FAX: 866-201-0657

## 2. Medicaid Advantage Plus (MAP) Information on Appeals or Grievances

Plan Name	Appeals Information	Grievance Information	Phone Number	Member Handbook and
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				<b>Additional Notes</b>
<u>Elderplan, Inc.</u>	<u>Draft Corporate Policy MAP Appeals from Adverse Determinations, no date.</u>	<u>Draft Corporate Policy MAP Grievance Procedure, no date.</u>	866-386-9437	Elderplan materials available <a href="#">here</a> .
<u>Emblem Health (formerly Health Insurance Plan HIP)</u>	Online appeal information <a href="#">here</a> . Appeal rights <a href="#">here</a> .	<u>Grievances Information</u>	888-447-9161	
<u>Fidelis</u>	<u>Draft Corporate Policy MAP Appeals from Adverse Determinations, dated August 2009. For Appeals see p. 9.</u>	<u>Draft Corporate Policy MAP Grievance Procedure, dated August 2009. For Grievance see p. 1.</u>	877-533-2404	Fidelis Member Handbook available <a href="#">here</a> .
<u>Guildnet Gold, Inc.</u>	Appeals and Grievances Information can be found <a href="#">here</a> .		800-932-4703 or 800-815-0000	Member handbook available <a href="#">here</a> .
<u>HealthFirst Complete Care</u>	<u>Corporate Policy MAP Notice of Action and Appeals, no date.</u> <u>Corporate Policy MAP Appeals from Adverse Determination, last revised Sept. 2011.</u>	<u>Corporate Policy MAP Grievance Procedure, no date. Note track changes in document.</u>	888-260-1010	
<u>HealthPlus, an Amerigroup Company</u>	<u>Corporate Policy MAP Appeals from Adverse Determinations, effective date Feb. 1, 2010.</u>	<u>Corporate Policy MAP Grievance Procedure, no date. Note track changes.</u>	866-805-4589	Member handbook available <a href="#">here</a> .
<u>Senior Whole Health M/M Plus</u>			877-353-0185	Member handbook available <a href="#">here</a> .
<u>VNSNY CHOICE Total</u>			866-597-6674	Member handbook available for download <a href="#">here</a> .
<u>WellCare Advocate</u>			866-661-1232	Evidence of Coverage

Complete

available here.

### 3. Program for All Inclusive Care for the Elderly (PACE) Information on Appeals or Grievances

Plan Name	Appeals Information	Grievance Information	Phone Number	Member Handbook and Additional Notes
<u>ArchCare Senior Life</u>			866-263-9083	
<u>Centerlight Healthcare PACE</u>			877-226-8500	Member rights listed <u>here.</u>

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