

Member Appeal Request Form

Magellan Healthcare, Inc. (Magellan) members and their authorized representatives have the right to dispute our decision by asking for an appeal (42 CFR 438.408(c)(1)(i)). All requests must be submitted within sixty **(60)** calendar days (42 CFR 438.402(c)(2)(ii)) from the denial letter date. Magellan will notify you, your authorized representative (if applicable) and your provider of our decision.

If you would like your provider or a representative to request an appeal on your behalf, you must provide written consent using the attached Consent to Release Protected Health Information (PHI) form.

How to request an appeal:

1. Fill out and sign the form below. (If you are appointing someone to act on your behalf, complete this form and the PHI consent form) You may want to keep a copy for your records.
2. Submit this form along with any additional medical records, office notes and other necessary documentation to support the request.
3. Fax, email, or mail the request within sixty **(60)** calendar days of the denial letter date.
 - **Email:** IDAC@magellanhealth.com
 - **Mail:** Magellan HealthCare, Inc.
Attn: Idaho Quality Department
P.O. Box 2188
Maryland Heights, MO 63043
 - **Fax:** 1-888-656-9795
4. An appeal can be also requested verbally by calling Magellan at 1-855-202-0973 (TTY 711).

Where can we contact you?		Your (Member's) Name	Your (Member's) Email Address	
Phone Number	Can we leave you a voicemail? Select Y or N	Date of Birth	Member ID# *	
Street Address	City	State	Zip Code	

*Your ID number can be found on your IBHP issued benefits card.

What Are You Appealing?

Requested Services	Dates of Service	Units
Reason for Appeal**		

**You may attach additional pages if your reason for appeal does not fit into the box above.

Standard Appeal: We will give you a written decision within 30 calendar days after we get your appeal.

Expedited (Fast) Appeal: We will notify you of our decision within 72 hours of our receipt of your request. An expedited (fast) appeal can be requested if there is an immediate threat that could jeopardize your life, health, or ability to regain maximum functioning. Magellan will decide if your appeal meets urgent criteria. We will automatically give you an urgent appeal if your provider supports the urgent request. If an urgent appeal is not granted, we will notify you and give you a decision on your appeal within 30 calendar days.

Check here if you want an expedited (fast) appeal.

How to keep your services during your appeal: Members getting services or benefits through Medicaid now may request to continue receiving services which are being ended or reduced in frequency where the current authorization has not ended while you are waiting for an appeal decision. Appeals must be submitted **within 10 calendar days** of the denial letter or the "Effective Date" shown on the denial letter, whichever is later, to continue receiving services. Only you can request this option. If your provider is appealing on your behalf, we cannot continue services while you are under appeal, because Magellan may collect payment from you for those services if the appeal review decision is not in your favor.

Check here if you want to continue receiving services pending an appeal decision.

Consent for Providers or Representatives:

If you want someone else to ask for an appeal on your behalf, you must give them written permission. Please complete Magellan's Authorization to Release Protected Health Information (PHI) Form and return it along with this form to start your appeal request. Please refer to the Member Handbook or call Magellan at 1-855-202-0973 (TTY 711) for more information about allowing someone else to act on your behalf.

Signature of Member/Legal Guardian/Parent if a minor

Printed Name of Member/Legal Guardian/Parent if a minor

Date

Mail, Email, or Fax this Complaint Form, any supporting documents, and the signed PHI Consent Form (if needed) to:

- **Mail:** Magellan Healthcare, Inc., Attn: Idaho Quality Dept, P.O. Box 2188, Maryland Heights, MO 63043
- **Email:** IDAC@magellanhealth.com
- **Fax:** 1-888-656-9795

Please call our Customer Experience Associates if you have questions or need help with completing this form.

- 1-855-202-0973
- TTY: 711

Appeals filed with the Idaho Department of Health and Welfare (known as State Fair Hearings) can be filed only after filing an appeal with Magellan **OR** you did not receive a Notice of Appeal Resolution Letter within 72 hours from receipt of an expedited (fast) appeal / 30 calendar days from receipt of appeal for a standard appeal.

If you have any questions or need help with this form, please call the toll- free Magellan member line at **1-855-202-0973** (TTY 711).

