APPEALS AND GRIEVANCES GUIDE

The **Provider Portal** is the fastest way to submit Appeals and check status.
You can also check status of Appeals by calling Provider Services.

Appeals

Appeals (Members)

A member complaint is any dissatisfaction expressed orally or in writing by a complainant regarding any aspect of Ambetter's operations. The term includes dissatisfaction relating to plan administration, procedures related to review or appeal of an adverse determination, the denial, reduction, or termination of a service for reasons not related to medical necessity, the manner in which a service is provided, and a disenrollment decision.

A provider may submit an appeal on the member's behalf. If the Member wishes to use a representative, they must complete an AOR form, ***or an equivalent written notice***. The Member and representative must sign the AOR form.

Appeals of Adverse Determination Time-frames

A member has **180 calendar days** from Ambetter's notice of adverse determination to file an appeal, either orally or in writing.

Ambetter shall acknowledge receipt of each appeal within five (5) working days after receiving an appeal. Ambetter shall resolve each appeal and provide written notice of the appeal resolution, as expeditiously as the member's health condition requires, but shall not exceed 30 calendar days from the date Ambetter receives the appeal.

Decisions for expedited appeals are issued as expeditiously as the member's health condition requires, no later than one (1) working day from the date we receive all information necessary to complete the appeal. We may give the determination by phone or fax. We will also send the decision in writing, not exceeding 72 hours of the initial telephonic or electronic notification. Ambetter will afford a reasonable amount of time for the member to provide the information.

Additional Appeal Rights

If the adverse determination is upheld on appeal, the member is given appeal rights through an External Review Organization (ERO), MAXIMUS Federal Services. The member or member's provider can request a standard External Review request through MAXIMUS within four (4) months after the date of the final internal appeal determination notice.

This request can be by mail, online, or fax, and may include additional information for consideration in the External Review. The following information must be provided with request:

- Member Name
- Member Address
- Phone Number
- Email Address
- Urgent or Standard
- Completed Appointment of Representative (AOR) Form if filing on the member's behalf
- Brief description of the reason for the External Review request

Send Request to:

MAXIMUS Federal Services
3750 Monroe Avenue, Suite 705
Pittsford, NY 14534

Fax: 1-888-866-6190
Online: Externalappeal.com
(Request a Review Online link from the Main Page)

For questions related to MAXIMUS External Reviews, call **1-888-866-6205**.

For *Expedited* External Review requests, the MAXIMUS examiner will provide the External Review decision as quickly as medical circumstances require, but no later than 72 hours of receiving the request.

For *Standard* External Review requests, MAXIMUS will make the final External Review decision as soon as possible, but no later than 45 days after receipt of the request.

Mail, email or fax all medical appeals and reconsiderations with supporting documentation to:

Ambetter
Attn: Appeals Department
5900 E Ben White Blvd.
Austin, TX 78741

Email: **ambetter_centralized_Grievances_Appeals@CENTENE.com**

Fax: **1-866-918-2266**

Grievances

Member grievances may be filed verbally by contacting Customer Service or submitted in writing via mail, email or fax. Providers may also file a grievance on behalf of the member with the member's written consent, AOR forms are available on the plan website, under **Forms**.

Mail, email or fax all member grievances to:

Ambetter
Attn: Complaints Department
5900 E Ben White Blvd.
Austin, TX 78741

Email: **ambetter_centralized_Grievances_Appeals@CENTENE.com**

Fax: **1-866-683-5369**

NOTE: Ambetter does not accept media storage devices such as CDs, DVDs, USB storage devices or flash drives.

Ambetter from Superior HealthPlan includes EPO products that are underwritten by Celtic Insurance Company, and HMO products that are underwritten by Superior HealthPlan, Inc. These companies are each Qualified Health Plan issuers in the Texas Health Insurance Marketplace.

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