



Medicaid A&G Fax:
866-270-9943

Ambetter A&G Fax:
877-851-3992



Telephone:
866-769-3085,
x65003 (Dept VM)

Appeal	A request for the Plan to reconsider a previous decision regarding an adverse determination (denial/adverse action).
Initiate	Medicaid: Must be filed within 60 days from denial Ambetter: Must be filed within 180 days from denial Expedited: Can be requested verbally or in writing Standard: Can be requested verbally or in writing
Necessary Information	<i>Who</i> is filing the appeal? <i>Who</i> is the appeal for? <i>What</i> is being appealed? <i>Why</i> are they appealing (i.e., why is the service necessary?) *Supporting clinical documentation is usually helpful
Member Consent	Medicaid: Member Consent required in writing for anyone appealing on behalf of the member. Appeal is considered received when the appeal request is received. Ambetter: Member Consent required in writing for anyone appealing on behalf of the member. Appeal is considered received when the appeal request is received. *Member Consent is not required when the member requests the appeal or when the appeal is Expedited
Resolution Timeframe	Expedited: <ul style="list-style-type: none"> • 72 Hours (*expedited may be requested but it may not meet the criteria for expedited review) • 24 Hours for Non-Formulary Drug Appeals (Ambetter only) Standard: <ul style="list-style-type: none"> • Medicaid: 30 calendar days from receipt • Ambetter: 30 calendar days from receipt • 48 Hours for Non-Formulary Drug Appeals (Ambetter only)
Follow up	All appeals will be acknowledged and resolved in writing.
Grievance	An expression of dissatisfaction about any matter other than an “adverse action” [†] . May also be referred to as a complaint.
Initiate	Medicaid: Can be submitted verbally or in writing. No filing limit. Ambetter: Can be submitted verbally or in writing. 180 days to file.
Necessary Information	<i>Who</i> is filing the grievance? *Provider can file a grievance on the member’s behalf with the member’s written consent/signed authorized representative form <i>Who</i> is the grievance regarding? <i>What</i> is being complained about? <i>Where & When</i> did the incident happen? <i>What</i> is the expected resolution?
Resolution Timeframe	Medicaid: 45 calendar days from the date of receipt. Ambetter: 30 calendar days from the date of receipt. <i>Clinically urgent grievances will be resolved no later than 72 hours from receipt</i>
Follow up	All grievances acknowledged & resolved in writing.

[†]A decision by the Health Plan to deny or limit a requested authorization or service. The Plan’s failure to make a decision within a required timeframe, or the member being unable to access health care services in a timely manner are also adverse actions.