Appeal Timeframes and Guidance

Medical Necessity Appeals

Medicaid Appeals

How to Submit an Appeal

- Medicaid members will have **60 Calendar Days** from the date of Superior's Notice of Adverse Benefit Determination letter **to appeal the decision**.*
- Superior will acknowledge the appeal within **5 Business Days** of receipt, complete the review of the appeal, and
- Superior will send an appeal response letter within **30 calendar days** after receipt of the initial written or oral request for appeal.
- Expedited appeal: An emergency appeal is when the health plan has to make a decision quickly based on the condition of the member's health, and taking the time for a standard appeal could jeopardize member's life or health.
    - **The emergency appeal decision will be made within 72 hours, unless the appeal is related to an ongoing emergency or denial of continued hospitalization. Appellant and provider will be notified of the appeal decision within one Business Day for denials of on-going emergency or denial of continued hospital stay.**

Appellants can call Superior at 1-877-398-9461 to request an appeal by phone or call Member Services at 1-800-783-5386 for more information.

- Send an appeal in writing to:
  Superior HealthPlan
  ATTN: Medical Management-Appeals
  5900 E. Ben White Blvd.
  Austin, Texas 78741
- Fax: 1-866-918-2266
- Phone: 1-877-398-9461

* The information for submitting an appeal is found on the denial letter that is sent to the member and the provider.

Ambetter and CHIP Appeals

- CHIP: 60 calendar days from the date of the denial letter to appeal the decision.
- Ambetter: 180 calendar days from the date of the denial letter to appeal the decision.
- Superior will acknowledge the appeal within 5 Business Days of receipt, and
- Superior will complete the standard appeal within 30 Calendar Days. Expedited appeals will be completed in 1 Business Day.
- Written Appeal: To submit a written appeal, mail or fax it to Ambetter from Superior HealthPlan, 5900 E. Ben White Blvd, Austin, Texas 78741/Fax number: 1-866-918-2266.
- Oral Appeal: To submit an oral appeal, call the Medical Management department: 1-877-398-9461;

  TTY: 1-800-735-2989.

Wellcare By Allwell Appeals

Members have the right to ask Wellcare By Allwell to review our decision by asking for an appeal. Appeals must be filed within 60 calendar days from the date of the notice.

- Standard Appeal – We will provide a written decision on a standard appeal within 30 calendar days after we receive your appeal.
  - Our decision might take longer if you request an extension, or if we need more information about your case.
  - We will tell you if we are taking extra time and we will explain why more time is needed.
  - If the appeal is for payment of medical services/items the member has already received, we will provide a written decision within 60 calendar days.

Wellcare By Allwell Appeals

- Expedited Appeal – We will provide a decision on an expedite appeal within 72 hours after we receive your appeal.
  - Members can request for an expedite appeal if they or their doctor believe their health could be seriously harmed by waiting up to 30 calendar days for a decision.
  - Members cannot request an expedited appeal if they are asking us to pay them back for the medical services/items they have already received.
  - We will automatically give an expedited appeal if the doctor asks for one on behalf of the member, or if the doctor supports the member's request.
  - If a member requests for an expedited appeal without support from a doctor, we will decide if the request requires an expedited appeal. If we do not give a fast appeal, we will make a decision within 30 calendar days.

Wellcare By Allwell: How to Request an Appeal

- Step 1: The member, member's representative, or their doctor must ask for an appeal. The request must include:
  - Member's name
  - Address
  - Member ID number
  - Reason(s) for appealing
  - Whether the members wants a standard or expedited appeal
    - For expedited appeals please explain the reason for the appeal being expedited
  - Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why the member needs the medical services/items

Wellcare By Allwell: How to Submit an Appeal

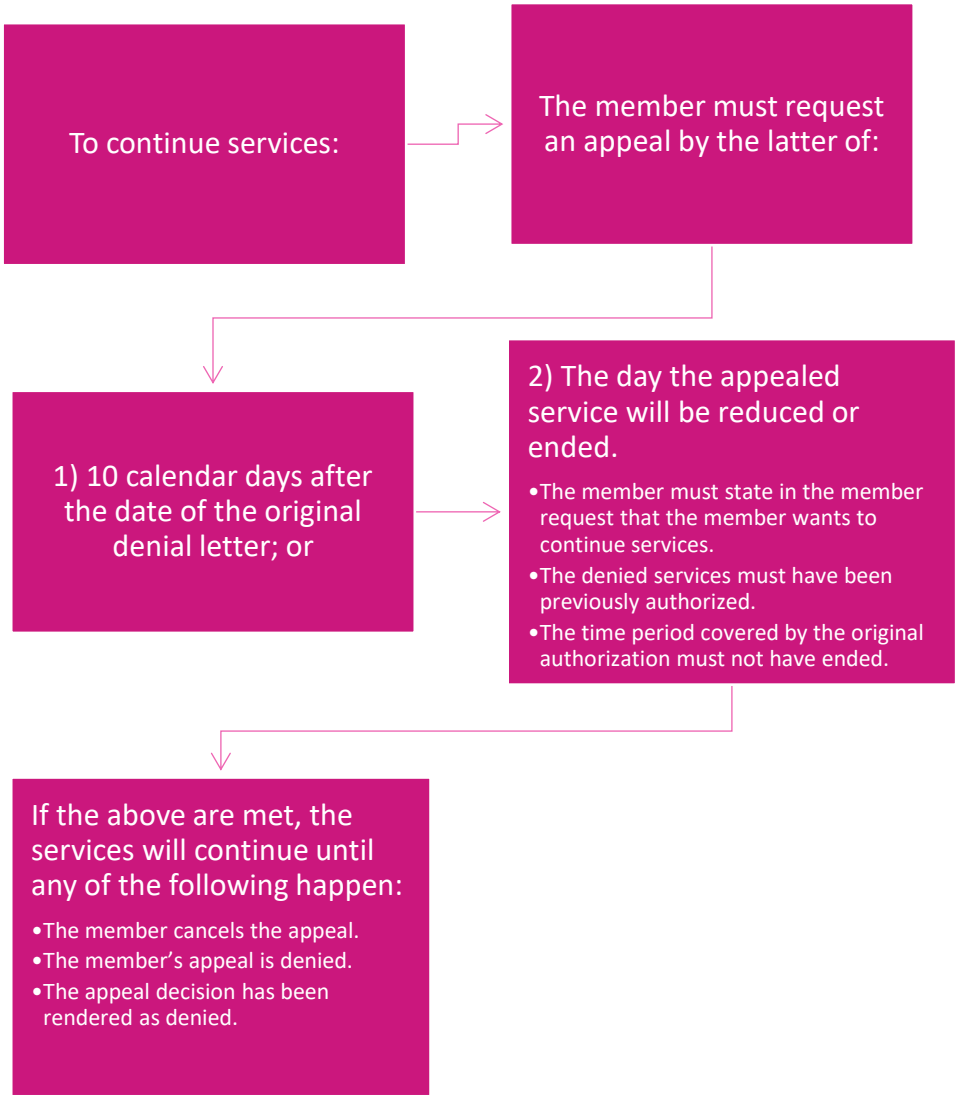
- Step 2: Submit the appeal. Submit your appeal by mail, fax, or phone.
  - Standard and Expedited Appeals
    - Mailing Address: Wellcare By Allwell

      Attn: Appeals Department

      P.O. Box 10420

      Van Nuys, CA 91410-0420
    - Phone: 1-877-935-8023, TTY Users call 711
    - Fax: 1-844-273-2671
- Standard appeals will be acknowledged within 5 Business Days of receipt.
- For expedited appeals, notification of the appeal resolution will be sent within 72 hours of the request.

Medicaid and Ambetter: Continuation of Services



Ambetter and CHIP: Peer-to-Peer During an Appeal

A fax notice will be sent to the provider indicating:

- A reasonable opportunity for a peer discussion with our medical director by calling:

  1-877-398-9461, option 3.

- We are allowing the following timeframes for the peer-to-peer discussion before we must issue the adverse determination notice:
  - Standard appeal request: 2 Business Days for prospective or 5 Business Days for retrospective.
  - Expedited appeal request: 2 Business Hours.

Claims Appeals

Claims Appeals: Medicaid and CHIP

A claims appeal is a request for reconsideration of a claim for anything other than medical necessity and/or any request that would require review of medical records to make a determination.

- Claims appeals must be submitted within 120 Calendar Days from the date of adjudication or denial.
- Can be submitted electronically through Superior's Secure Provider Portal or in writing.
- A claims appeal must include the Claims Appeal form (if submitted on paper):
  - This form can be found on Superior's Provider Forms webpage.
  - Applicable documentation and information to support the claim appeal.
- Claims submitted in writing should be sent to:

  Superior HealthPlan
  Attn: Claims Appeals
  P.O. Box 3000
  Farmington, MO 63640-3800

Claims Appeals – Supporting Documentation

Examples of supporting documentation may include, but not limited to:

- A copy of Superior's Explanation of Payment (EOP)*.
- A letter from the provider stating why they feel the claim payment is incorrect*.
- A copy of the original claim.
- An EOP from another insurance company.
- Documentation of eligibility verification such as a copy of ID card, Texas Medicaid Benefits Card (TMBC), Texas Medicaid and Healthcare Partnership (TMHP) documentation, call log, etc.
- Overnight or certified mail receipt as proof of timely filing.
- Centene Electronic Data Interchange (EDI) acceptance reports showing the claim was accepted by Superior.
- Prior authorization number and/or form or fax.

**Please note these documents are required for the claims appeals.*

Requests for Reconsideration: Ambetter and Wellcare By Allwell

- A request for reconsideration is submitted when there is a disagreement with the manner in which a claim was processed.
  - Reconsiderations may require medical records if related to code audit, code edit or auth denial.
  - Must be submitted within 120 Calendar Days from the date of the EOP or denial.
  - Can be submitted orally or in writing using the following forms:
    - For Ambetter please visit the *Claims and Claim Payment* section of the Ambetter Provider Resources webpage.
    - For Wellcare By Allwell please visit the *Medicare claims Forms and EDI Tools* section on Superior's Provider Resources webpage.

  Mail completed form(s) and attachments to the appropriate address:

  Wellcare By Allwell
  Attn: Level I – Request for Reconsideration
  PO Box 3060
  Farmington, MO 63640-3822

  Ambetter from Superior HealthPlan
  Attn: Level I – Request for Reconsideration
  PO Box 5010
  Farmington, MO 63640-5010

Resources

- Ambetter Quick Reference Guide:
  - Can be found on the *Quick Reference Guide* section of the Ambetter Member Resources webpage.
- Medicaid and CHIP Appeals Resources:
  - Can be found on Superior's Complaints and Appeals webpage.
- Provider Manuals:
  - Can be found on Superior's Training and Manuals webpage.
- Contact:
  - Provider Services:
    - Medicaid/CHIP, Wellcare By Allwell: 1-877-391-5921
    - Ambetter: 1-877-687-1196
  - Provider Representative:
    - For questions, contact your designated Provider Representative. To access their contact information visit, Find My Provider Representative.

Thank you