

# Appeal Timeframes and Guidance-Medical Necessity Appeals

Superior HealthPlan Appeals Department



# Medicaid Appeals



- Medicaid members will have **sixty calendar days** from the date of Superior's Notice of Adverse Benefit Determination letter **to appeal the decision.**\*
  - Superior will acknowledge the appeal within **five Business Days** of receipt, complete the review of the appeal, and
  - Superior will send an appeal response letter within **thirty 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 ongoing 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/CHIP Appeals



CHIP: 60 days from the date of the denial letter to appeal the decision.



Ambetter: 180 days from the date of the denial letter to appeal the decision.



Superior will acknowledge the appeal within five Business Days of receipt, and



Superior will complete the standard appeal within 30 calendar days. Expedited appeals will be completed in 1 Business Day.



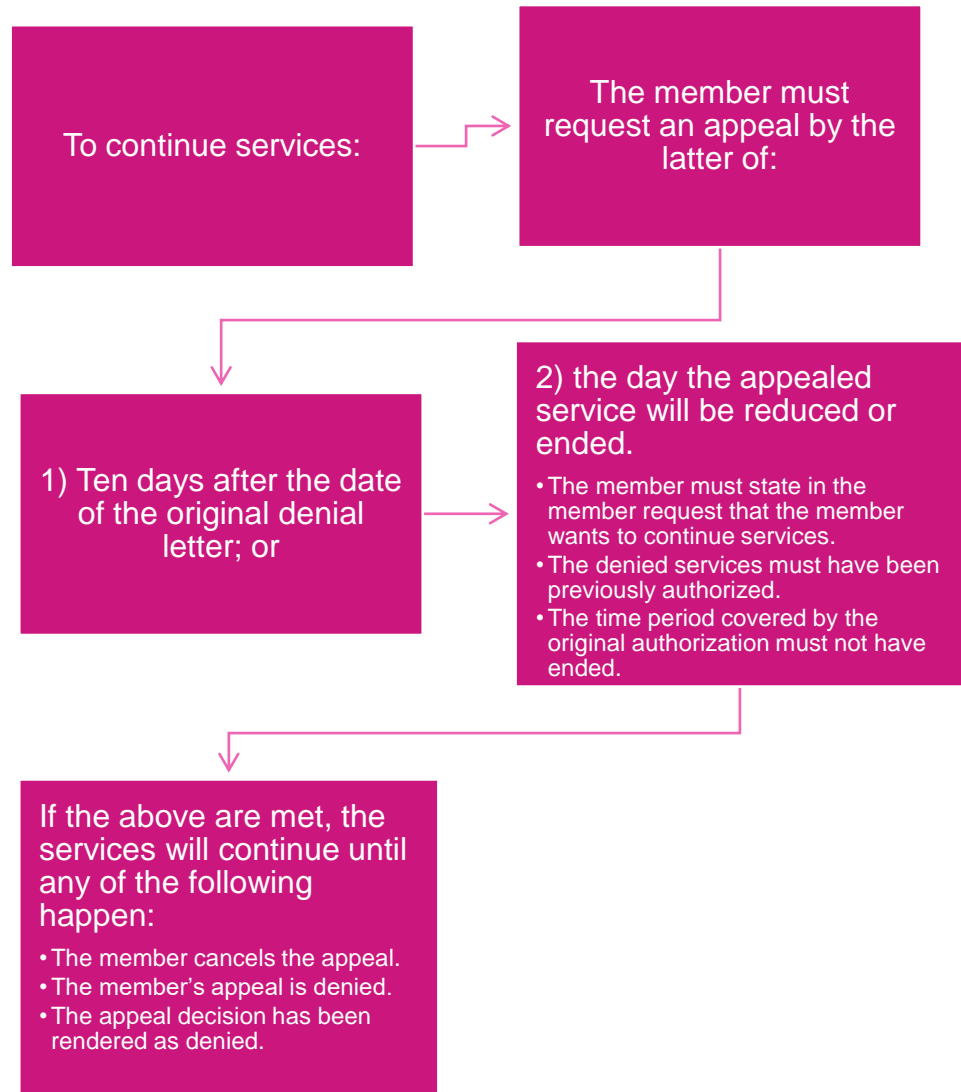
Written Appeal: To submit a written appeal, mail or fax it to Centene Company of Texas, 5900 E. Ben White Blvd, Austin, Texas 78741/Fax number: 1-866-918-2266.



Oral Appeal: To file an oral appeal, call this toll-free number 1-877-398-9461; TTY: 1-800-735-2989.

# Continuation of Services\*

\* Medicaid and Ambetter members



# Peer to Peer During an Appeal



## **Ambetter/CHIP members only:**

- 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: (timeframe).
- Timeframes for requesting a P2P:
  - Standard appeal request: Two working days for prospective or five working days for retrospective.
- Expedited Appeal request: Two Business Hours.

# Resources



- Ambetter Quick Reference Guide:  
[ambetter.superiorhealthplan.com/resources/handbooks-forms.html](https://ambetter.superiorhealthplan.com/resources/handbooks-forms.html)
- Medicaid and CHIP Appeals Resources:  
[superiorhealthplan.com/members/medicaid/resources/complaints-appeals.html](https://superiorhealthplan.com/members/medicaid/resources/complaints-appeals.html)
- Provider Manuals:  
[superiorhealthplan.com/providers/training-manuals.html](https://superiorhealthplan.com/providers/training-manuals.html)



Thank you