

Optum members and their authorized representatives have the right to review our decision by asking for an appeal. All requests must be submitted within 60 days from the denial letter date. Optum 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. See the consent box on the reverse side of this document.

How to request an appeal:

- 1. Fill out and sign the form below. You may want to keep a copy for your records.
- 2. Attach 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 60 days of the denial letter date.
 - **Email**: OptumIdaho.Appeals_Grievance@optum.com
 - Mail: Optum Quality Operations 205 East Watertower Street Meridian, ID 83642
 - **Fax**: 1-855-272-7053

Where Can We Contact You?

Created 07/2017

4. An appeal can be requested verbally by calling Optum at 1-855-202-0973 (TTY 711), but must be followed up with a written request using one of the options listed above, unless otherwise specified during the call.

Member Name

Phone Number	Date of Birth	Medicaid ID#			
Street Address	City	State	Zip Code		
What Are You Appealing?					
Requested Services (CBRS, Case Management, etc.)	Dates of Service	Units			
Reason for Appeal					
		(see reverse	side for more space)		

Reason for Appeal continued		
TI TO THE STATE OF		
Standard Appeal: We will give you a writ	tten decision within 30 days after we get your ap	opeal.
appeal can be requested if there is an imme to regain maximum functioning. Optum v give you an urgent appeal if your provide	ar decision within 72 hours of our receipt of your decision within 72 hours of our receipt of your decide threat that could seriously jeopardize you will decide if your appeal meets urgent criteria. It is a sake for one or if your provider supports you putly notify you and give you a decision on your	We will automatically ur urgent request. If an
☐ Check here if you want an urger	nt appeal.	
services that are being suspended, terminappeal decision. Appeals must be submitted the denial letter, whichever is later, to contain the denial letter, whichever is later, to contain the denial letter.	review your appeal: Members have the right ated, or reduced where the authorization has need within 10 days of the denial letter or the "Effortinue receiving services. Providers filing and may collect payment from you for those services.	not expired pending an fective Date" shown on appeal on behalf of a
☐ Check here if you want to conti	nue receiving services pending an appeal decision	on.
•		
Consent for Providers or Representatives		
If you want to allow a provider or representa options and fill out the information below.	tive to file an appeal on your behalf, please sele	ct <u>one</u> of the following
☐ I am authorizing my provide	er to file this appeal on my behalf; or	
☐ I am authorizing the individu	ual named below to file this appeal on my behalt mentation may be submitted in place of this info	•
Provider or Authorized Representative Name	Phone	Number
Street Address	City State	Zip Code
Idaho in connection with my appeal. This is	amed above to act on my behalf and receive infonformation may include medical and financial in his information is confidential and will only be all for this appeal.	nformation in
Signature of Member or Legal Guardian/ Parent if a minor	Name of Member or Legal Guardian/ Parent if a minor. (Please Print)	a Date

Appeals filed with the Idaho Department of Health and Welfare (known as State Fair Hearings) can be filed only after filing an appeal with Optum. If you have any questions or need help with this form, please call the toll-free Optum member line at **1-855-202-0973** (TTY 711).