

Subject: Reminder: Member Appeal Submission Requirements

Dear Provider,

This communication serves as a reminder of member appeal rights and provider responsibilities related to the appeals process.

Members have the right to file an appeal of an adverse benefit determination either orally or in writing. Additionally, a provider or other authorized representative may request an appeal on behalf of a member when the provider has obtained the member's written consent.

To ensure compliance, please verify that your processes support the following:

- Acceptance of both oral and written appeal requests from members.
- Communication of appeal rights to members when appropriate.
- Collection and retention of written member consent when submitting an appeal on a member's behalf.
- Timely submission of appeal requests and supporting documentation, as applicable.

Thank you for your attention to this requirement and for your continued commitment to supporting our members.

Best regards,

Magellan of Louisiana Coordinated System of Care