Member Appeal/Grievance Form

Please see information on "How to File an Appeal or Grievance" on the second page of this form.

Part I. Member Information

Member First Name: _____ Member Last Name: _____

Member ID #: _____ Member DOB: _____

Member Address: _____

City, State, Zip Code: _____

Member Phone #: _____

Part II. Appeal or Grievance Information

Tell us about your appeal or grievance. Please give us all the information you have. If you are filing an appeal, you have 60 days from the day you receive the letter about an adverse decision. Add another sheet of paper to this form if more space is needed.

_____

_____

_____

_____

Part III. Relationship to Member

*Documents showing Legal Guardianship or Power of Attorney must be provided to us.

☐ Self ☐ Parent ☐ Other, please specify:

☐ Guardian* ☐ Power of Attorney* _____

Member Signature: _____ Today's Date: _____

How to File an Appeal or Grievance:

1. This form gives us the information needed to help you with your appeal or grievance. Fill out each part of this form. Describe the issue(s) in as much detail as possible. Include your signature.

2. Please write clearly and in **print**.

3. If you have information you want to include with this form, attach copies (Do Not Send Originals). Some examples of information to include could be a copy of a bill you received from a doctor or medical records.

4. You may present information in person. To do this, call our Member Services Help Line at 1-844-782-2018.

5. We can help you write your request, and we can help you in the language you speak. If you need services for the hard of hearing, you may call our TTY/TTD phone number at 711.

6. If you are a legal guardian or Power of Attorney filing an appeal or grievance for our member, you must send us the documents showing this.

7. If you are over the age of 18, you can have someone else file your appeal or grievance for you with your written consent. This is called an Authorized Representative. Your Authorized Representative can be your provider, a relative, friend, and even an attorney.

    - To give your written consent, use the Appointment of Representative (AOR) Form enclosed.

8. You or someone you have chosen to act on your behalf, can review your appeal file before or during the appeal process. Your appeal file includes all your medical records and any other documents related to your case. You can request this by calling our Member Services Help Line at 1-844-782-2018.

9. Return this completed form and any extra information related to your appeal or grievance to:

    Molina Healthcare of Nebraska
    Appeal and Grievance Unit
    P.O Box 182273
    Chattanooga, TN 37422
    Fax: 1-833-635-2044

10. You may also submit your appeal or grievance via your My Molina Portal.

11. We will let you know in writing that we received your appeal or grievance within 10 calendar days. If you filed an expedited (fast) appeal, you would receive a notice in writing within 72 hours.

Thank you for using the Molina Healthcare of Nebraska Appeal and Grievance process.

Member Appointment of Representative (AOR) Form

Part I. Member Information

Member First Name: _____ Member Last Name: _____

Member ID #: _____ Member DOB: _____

Part II. Authorized Representative Information

First Name: _____ Last Name: _____

Phone #: _____ Relationship to Member: _____

Address: _____

City, State, Zip Code: _____

Part III. Appointment of Representative

I, _____, agree to name
(Member Name)

_____ to be my authorized representative
(Representative Name)

during my appeal or grievance about _____.
(Specific Issue)

☐ I understand that this is my written consent for the mentioned representative to act on my behalf during the appeal or grievance and that Personal Health Information related to my appeal or grievance may be given to my authorized representative.

☐ I understand that my authorized representative can make requests or provide Molina with information related to my appeal or grievance, which may include Personal Health Information.

Member Signature: _____ Today's Date: _____

Representative Signature: _____ Today's Date: _____