

 MN Medicaid Appeals – Member Quick Reference Guide**Important Notice:**

This process outlines the appeal (also known as a reconsideration) process for medical necessity determinations under Minnesota Medicaid. It does not replace or limit a member's right to request a State Fair Hearing through the Minnesota Department of Human Services (DHS). Members retain all rights under applicable state and federal law to pursue a State Fair Hearing, regardless of the outcome of this internal appeal process.

 Right to Appeal

- Enrollees have the right to appeal any denials of medical necessity. [\[revisor.mn.gov\]](http://revisor.mn.gov)
- The appeal allows for review of all information, presentation of evidence/testimony, and continued coverage pending appeal outcome.

 Filing Window

- Minnesota statute allows an appeal to be submitted within 180 days of the medical necessity denial notice

 Member Action Checklist

Confirm scope: Appeals cover adverse utilization review determinations (not claims payments or eligibility issues). [\[revisor.mn.gov\]](http://revisor.mn.gov)

Assemble documentation:

- Original denial with dates
- Clinical records, provider narrative
- Additional supporting evidence for the service being requested

Submit appeal (via Member Portal, fax, or phone):

- Label as *standard* or *expedited*
- Member portal: <https://mhcp.acentra.com/member/>
- Fax: (866)889-6512
- Phone: (866)433-3658

Standard Appeal

- Can be filed in writing via the MyHealth Member Portal (<https://mhcp.acentra.com/member/>) or by phone (866)433-3658.
- Decision is issued in writing within 15 calendar days of appeal receipt.
 - Up to 4 additional days may be added for valid reasons.
- Upon request, members can review documentation and supply additional information
- A peer reviewer, never involved in the initial decision and with equivalent clinical expertise, must conduct the review.
- Written decision letters must include:
 - Summary of review findings
 - Qualifications of the reviewer (license, specialty)
- If the decision remains adverse, the written notice must include:
 - Right to state fair hearing process (per § 62Q.73)
 - Instructions on how to initiate it. [\[revisor.mn.gov\]](https://revisor.mn.gov)

Expedited Appeal

- If an adverse determination occurs before or during an ongoing service, and the member believes it warrants urgent review, there must be an opportunity to appeal by phone. [\[revisor.mn.gov\]](https://revisor.mn.gov)
- Acentra Health must ensure reasonable access to a consulting provider (e.g., physician) during the phone appeal.
- The appeal decision must be issued by phone within 72 hours from the appeal request, or as medically required—whichever is sooner.
- If the decision remains adverse, written notice must include:
 - Right to state fair hearing process (per § 62Q.73)
 - Instructions on how to initiate it. [\[revisor.mn.gov\]](https://revisor.mn.gov)