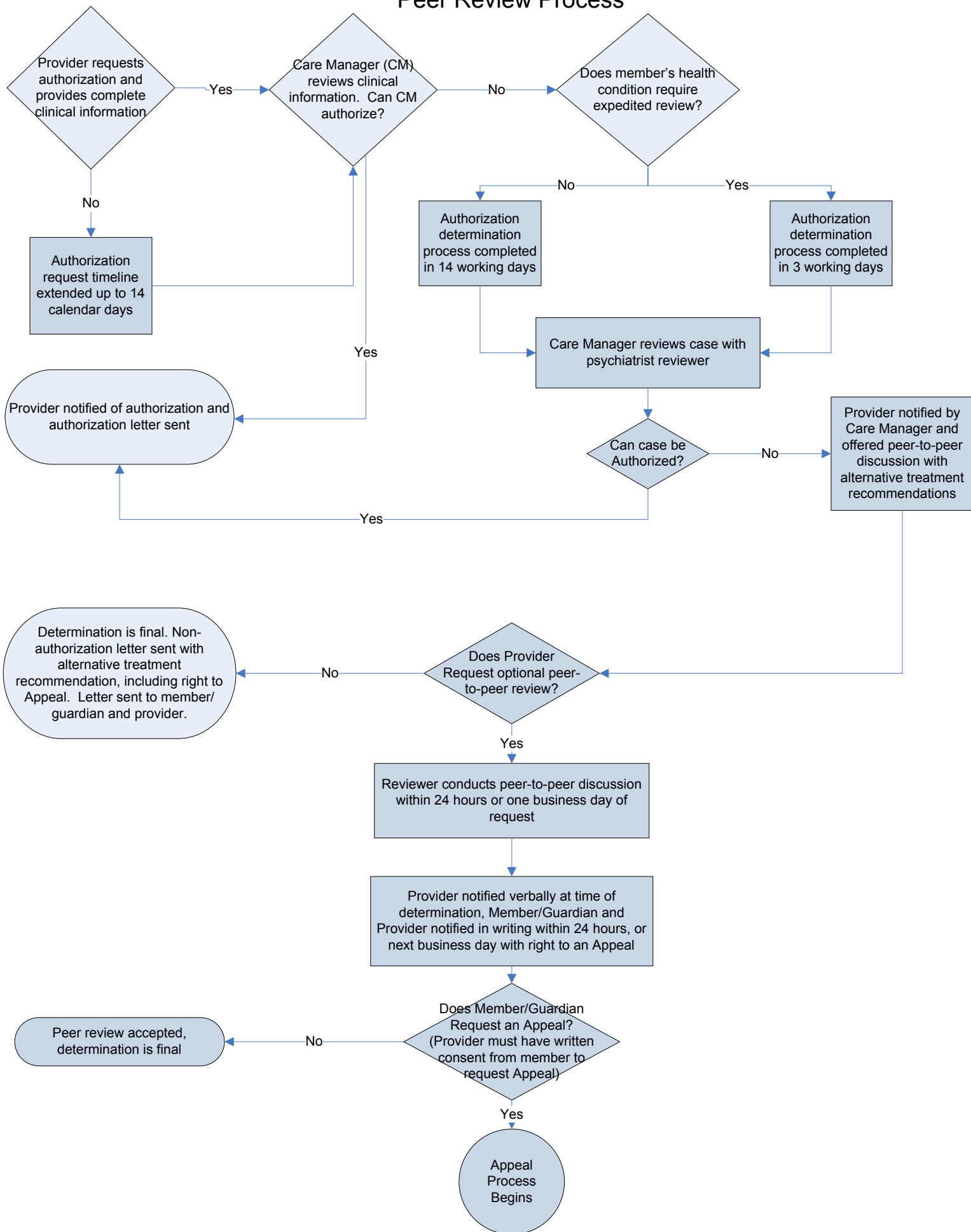
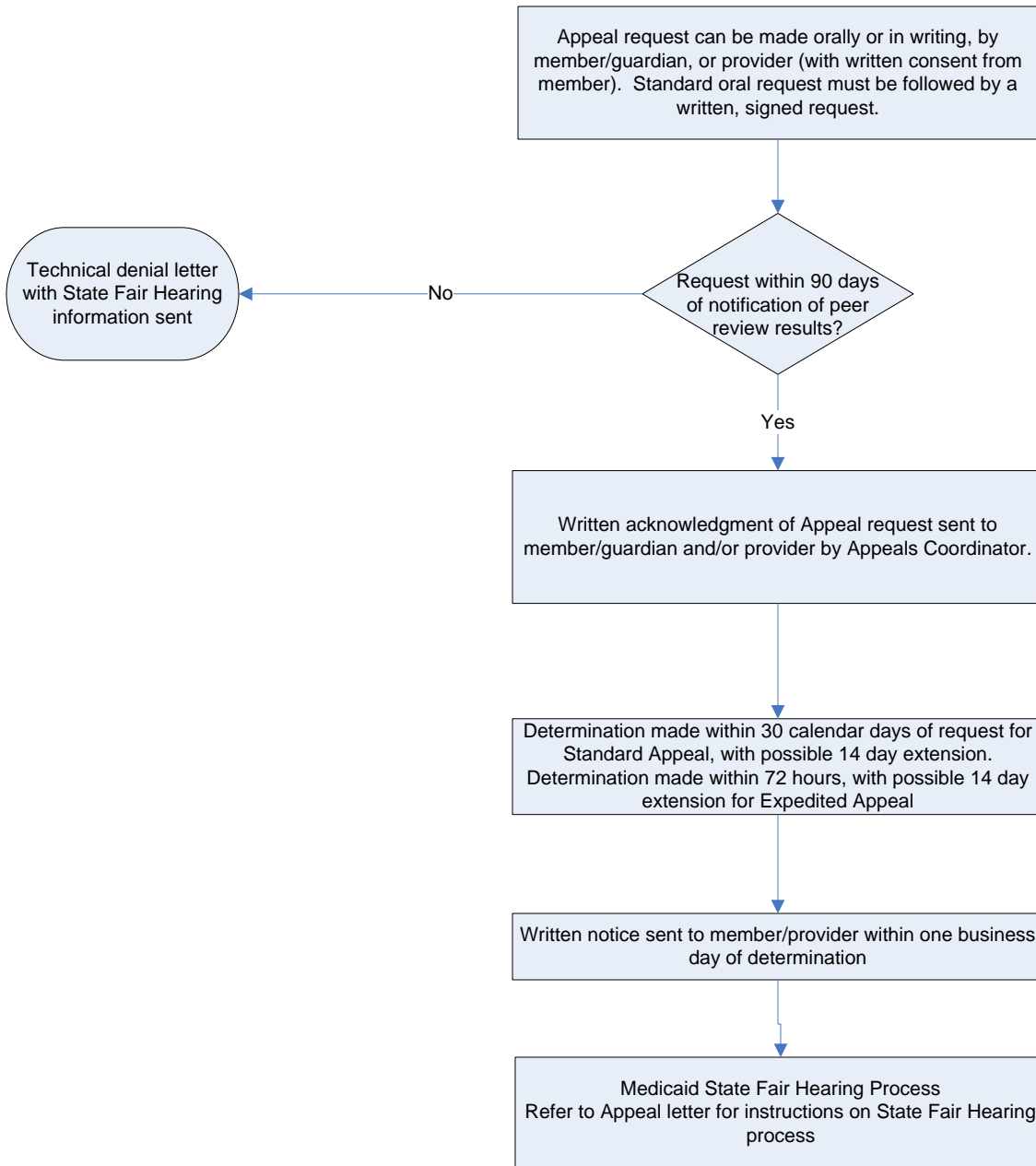


# Magellan Behavioral Health of Nebraska Peer Review Process



# Magellan Behavioral Health of Nebraska Appeal Process

Appeal Requests can be efaxed to 1-800-410-3293



- The Member may request a State Fair Hearing within ninety (90) days from the date of Magellan’s notice of resolution at:  
**Medicaid DHHS Legal Services**  
 Hearing Officer Section  
 PO Box 98914  
 Phone: (402) 471-7237
- The parties to the State Fair Hearing include Magellan, the Member and his or her representative or the representative of a deceased Member's estate.
- The provider may request a State Fair Hearing if the provider is acting as the member's authorized representative.
- A member or provider may request a State Fair Hearing at the same time a Contractor appeal is filed.
- Magellan will continue the member's benefits if the appeal is filed timely, involves the termination, suspension, or reduction of a previously authorized course of treatment, the services were ordered by an authorized provider, the authorization period has not expired; and the member requests extension of benefits.
- Magellan may recover the cost on the continuation of services furnished to the member while the appeal was pending if the final resolution of the appeal upholds Magellan’s action.