Where to Submit Your Appeals

Magellan

For appeals of services denied/reduced by Magellan, this is the first step.

Phone: 1-855-202-0973 **Fax:** 1-888-656-9795

E-mail: IDAC@magellanhealth.com **Mail:** Magellan Healthcare, Inc.

Attn: Idaho Quality Department

PO Box 2188

Maryland Heights, MO 63043

Idaho Behavioral Health Plan (IBHP)

For state fair hearing requests after going through the appeal process with Magellan.

Phone: 866-681-7062 **Fax:** 208-364-1811

E-mail: IBHPAppeals@dhw.idaho.gov
Mail: IBHPAppeals@dhw.idaho.gov

IDHW PO Box 83720 Boise, ID 83720-0009

Medicaid

For state fair hearing requests and appeals for other Medicaid programs.

Phone: 208-334-5747 or 877-200-5441

Fax: 208-364-1811

E-mail: MedicaidAppeals@dhw.idaho.gov

Mail: Medicaid Appeals IDHW PO Box 83720 Boise, ID 83720-0009

Self-Reliance Medicaid Eligibility

Phone: 1-877-456-1233

Fax: 208-364-1811

E-mail: mybenefits@dhw.idaho.gov

Mail: Self-Reliance Programs

IDHW PO Box 83720 Boise, ID 83720-0026

Additional Support For Submitting Your Appeal

Youth Empowerment Services (YES)

208-364-1910, yes@dhw.idaho.gov

FYIdaho (Family Advocacy & Suppport)

208-433-8845, info@fyidaho.org

Idaho Legal Aid Services

208-746-7541, www.idaholegalaid.org

YES Complaint and Appeal Resources

For more information about appeals including FAQs and additional resources, visit yes.idaho.gov/appeals.

For more information about submitting appeals to Magellan Healthcare, visit magellanofidaho.com/for-members.

CRISIS INFORMATION

If you or someone in your family may be considering suicide or need to talk, you can call or text 988 – the Idaho Crisis & Suicide Hotline – any time. If you feel you cannot keep yourself or your family member safe, go to the nearest emergency department or call 911.











YES Appeals

December 2024



APPEALS IN THE YOUTH EMPOWERMENT SERVICES (YES) SYSTEM OF CARE

What are appeals?

Youth and families may find there are times when they are not satisfied with a decision that is made about the Youth Empowerment Services (YES) services they requested or received. An appeal is a request to change a decision the state or its contractors have made about a youth's health care. Youth and families cannot be penalized or retaliated against for filing an appeal.

Who can appeal?

- A youth (under 18)
- A youth's parent or guardian
- An authorized representative (a family member, provider, or someone else with permission of the youth and/or family)

What can be appealed?

- A denial or termination of Medicaid eligibility
- A denial, reduction, or termination of Medicaid funded services or supports, including Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) determinations
- A Medicaid benefit determination made by the Idaho Department of Health and Welfare or the independent assessment contractor, Liberty Healthcare, that a youth does not meet the following criteria for serious emotional disturbance (SED):
 - * A functional impairment identified by the Child and Adolescent Needs and Strengths (CANS) assessment
 - * A mental health diagnosis

What can be appealed? (continued)

identified by a Comprehensive Diagnostic Assessment (CDA)

- Failure to provide YES services or supports the youth is entitled to
- When requests for eligibility or services are not acted upon with reasonable promptness

How to Submit an Appeal

You can submit an appeal in person, via a website, fax, telephone, mail, or e-mail. Contact information for submitting an appeal can be found on your Notice of Decision.

If you don't have your Notice of Decision, refer to the contacts section of this pamphlet.

