

Grievance & Medical Appeal Quick Start Guide

Author by Humana will receive all grievances and medical appeals for patients with service from Author by Humana. Pharmacy appeals should be routed to Humana Clinical Pharmacy Review. For more information about Part D Redetermination Requests, [click here](#).

For questions, please contact an Author by Humana Provider Navigator at 1-833-502-2013, 8 AM - 5 PM Eastern time, Monday through Friday.

PLEASE NOTE: A request for an expedited appeal can be submitted if waiting for a standard response time frame could seriously jeopardize the member's life, health, or ability to regain maximum function. Expedited appeals are not used for claims that have already been paid or denied.

| Provider Type and Appeal Guidance | Intake Methods | Information Needed | Timeframe |
|--|---|---|--|
| Participating providers may appeal a denied authorization on behalf of a patient | <ol style="list-style-type: none"> Standard Fax: 1-833-301-1004 Expedited Fax: 1-833-301-1005 Mail to: Author Grievance & Appeals P.O. Box 273 Sidney, NE 69162 Call the Provider Navigator line. | <ul style="list-style-type: none"> - Medical Appeal Form - Any clinical records and other documentation that will support your case. - Non-physicians who are not a designee of the physician require an Appointment of Representative (AOR) Form. | Within 60 calendar days from the date of the denial. |
| Participating providers may appeal a denied claim on behalf of a patient or themselves | See Disputes Quick Start Guide . | | |

| Provider Type and Appeal Guidance | Intake Methods | Information Needed | Timeframe |
|---|---|---|---|
| <p>Non-participating providers may appeal a denied claim on behalf of a patient or themselves</p> | <ol style="list-style-type: none"> 1. Standard Fax: 1-833-301-1004 2. Expedited Fax: 1-833-301-1005 3. Mail to: Author Grievance & Appeals P.O. Box 273 Sidney, NE 69162 4. Call the Provider Navigator line. | <ul style="list-style-type: none"> - A copy of the original claim. - The remittance notification showing the denial. - Any clinical records and other documentation that will support your case for reimbursement. - Non-physicians who are not a designee of the physician require an Appointment of Representative (AOR) Form. - If applicable, a Waiver of Liability (WOL) Form holding the enrollee harmless regardless of the appeal outcome. | <p>Within 60 calendar days from the date of the denial.</p> |