Notice of Appeal Decision

<plan name>

**Mailing Date: Medicaid ID Number:**

**Name: Member Number:**

**This Notice is in response to the request for an appeal that we received on [*insert date appeal received*].**

**Your appeal of our action was thoroughly considered. This is to inform you that your appeal to us was denied. Why did we deny your appeal?**

We [*insert* denied *or* partially denied]your appeal for the service/item listed below because [*include citations with descriptions that are understandable to the member of applicable State or Federal rule, law, and regulation that support the action. You may also include Evidence of Coverage/Member Handbook provisions to support decision*]:

[*Plans may insert the title, qualifications, and/or specialty of each appeal reviewer in accordance with NCQA requirements. Include a statement that these individuals participated in the review.*]

**If you don’t agree with our decision**

The Medicare Independent Review Entity (IRE) will automatically review our decision. The IRE must give you their written decision on a standard appeal within **30 calendar days** after it gets your appeal (or within 7 calendar days of when it gets your appeal for a Medicare Part B prescription drug). If the IRE needs to gather more information that may help you, it can take up to 14 more calendar days. The IRE can’t take extra time to make a decision if your appeal is for a Medicare Part B prescription drug. You or your authorized representative can also ask for a Medicaid State Hearing.

**How to ask for a Medicaid State Hearing**

To ask for a Medicaid State Hearing, you must follow the directions on the Right to a State Hearing form that is included with this notice. You must ask for a State Hearing within **120 calendar days** after the mailing date on this form.

**What happens next?**

State Hearings are conducted by a hearing officer from the Bureau of State Hearings within the Ohio Department of Job and Family Services. State Hearing decisions are usually given no later than 70 calendar days after you ask for a State Hearing. If you or your authorized representative asks for a fast decision, and the Bureau of State Hearings agrees that an expedited resolution is required, the decision will be issued within three working days from the date of the hearing request.

[*Plans may opt to include this section, but must always include it if the action was about a reduction, suspension or termination of a service:*

**Continuation of services**

If our proposed action was to reduce, suspend, or stop a service you were authorized to receive, and you asked for the service to remain in place during your appeal to us, you will continue to get the service while the IRE is reviewing our decision. Also, you can continue to get the service while the State Hearing is pending if the Bureau of State Hearings receives your request no later than **15 calendar days** after the mailing date of this notice or before the intended effective date of the action, whichever is later.

You can continue to get the service until one of the following occurs:

* You withdraw your appeal.
* The IRE review decision (and State Hearing review decision, if you request one) is not in your favor.

Please note you are **not** entitled to continuation of services when**:**

* You have not yet started receiving the authorized service.
* You received the service that was authorized and you are appealing a denial of a new request.]

**Access to documents**

You and/or your authorized representative are entitled to reasonable access to and a free copy of all documents relevant to your appeal any time before or during the appeal. [*Insert if applicable:* You may also request a free copy of the benefit provision, guideline, protocol, or other criterion that we used to decide your appeal*.*]You must submit the request in writing.

**Get help & more information**

* <Plan name>: If you have any problems reading or understanding this information, please contact <plan name> Member Services at [*toll free phone and TTY numbers*] for help at no cost to you. We can help to explain the information or provide the information orally, in English or in your primary language. We may have this information printed in certain other languages or in other ways. If you are visually or hearing-impaired, special help can be provided.
* MyCare Ohio Ombudsman: You can also contact the MyCare Ohio Ombudsman for help or more information. The ombudsman staff can talk with you about how to make an appeal and what to expect during the appeal process. The MyCare Ohio Ombudsman is an independent program and the services are free. Call 1-800-282-1206 (TTY Ohio Relay Service: 1-800-750-0750).
* Medicare: 1-800-MEDICARE (1-800-633-4227 or TTY: 1-877-486-2048)
* Medicare Rights Center: 1-800-333-4114
* Legal Aid: 1-866-LAW-OHIO
* [*If applicable, insert other state or local aging/disability resources contact information.*]

[*Plans must include all applicable disclaimers as required in the State-specific Marketing Guidance.*]

You can get this document for free in other formats, such as large print, braille, or audio. Call <toll-free phone and TTY numbers>, <days and hours of operation>. The call is free.

[*Plans are subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to* [*www.hhs.gov/civil-rights/for-individuals/section-1557*](https://www.hhs.gov/civil-rights/for-individuals/section-1557)*.*]