**APPEAL DECISION NOTICE**

**(Medicare-Medicaid Overlap Services)**

If you speak Spanish, language assistance services, free of charge, are available to you. Call [*insert Member Services toll-free phone and TTY numbers, and days and hours of operation*]. The call is free. [*This disclaimer must be included in Spanish.*]

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.

Date:

Enrollee’s name: Enrollee ID number:

This notice tells you about the appeal request you sent to <Plan Name> (Medicare-Medicaid Plan). After looking at the facts in your case, we determined that our first decision to deny coverage and/or payment for the service was right.

[*Insert as appropriate:* A <health plan> <title of staff who reviewed the appeal>***or***Our independent review organization]reviewed your appeal. [*If this was a medical necessity denial, include the following:* The reviewer is board certified in *<*Specialty*>*.] This reviewer was not involved in the prior denial.

The reason for the decision is [*Plan must insert explanation for the determination including the actual benefit, provision, guideline, protocol, or other criterion on which the appeal decision was based, and any alternative treatment*].

You may request a free copy of the benefit term(s) or rule(s) we used to make our decision. If needed, you may also get a free copy of all documents relevant to the appeal. This includes any new or added evidence that we didn’t have at the time of our first decision. If you’d like a description of the medical code(s), you may ask for that as well.

**WHAT HAPPENS NEXT?**

When the service is a Medicare service, we are required to send all cases where we have not changed our decision to an Independent Review Entity (IRE). MAXIMUS Federal Services, Inc. (MAXIMUS) is the IRE that Medicare uses to review cases to make sure we made the right decision.

We sent your appeal to MAXIMUS. You have the right to submit additional information that may be important to the review of your appeal. MAXIMUS will contact you soon to let you know where to send any additional information and to tell you about other rights you may have.

**You can contact MAXIMUS:**

MAXIMUS Federal Services, Inc.

Medicare Managed Care & PACE Reconsideration Project

3750 Monroe Avenue, Suite 702

Pittsford, NY 14534-1302

Phone: 585-348-3300

You also have the right to get a copy of the case file that we are sending to MAXIMUS. Please call us at <phone number> or TTY <TTY number> if you want to get a copy of your case file.

Once MAXIMUS makes its decision, it will send you a letter telling you its decision. If MAXIMUS agrees with our decision and says No to part or all of what you asked for, we will send you another letter with your other appeal options. After the review by MAXIMUS, you may be able to appeal to the state for a Fair Hearing and/or to an Administrative Law Judge.

**NEED MORE HELP?**

You can also contact the Illinois Home Care Ombudsman (HCO) Program for help or more information. HCO is an advocate that can talk with you about the state’s Fair Hearing and what to expect during the hearing process. The HCO program is independent, and the services are free. Here are ways that you can get help from HCO:

* Call 1-800-252-8966 (TTY: 1-888-206-1327). Hours are Monday through Friday from 8:30 a.m. to 5:00 p.m.

* Email [Aging.HCOProgram@illinois.gov](mailto:Aging.HCOProgram@illinois.gov)

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