Notice of Appeal Decision

<Health plan/PIHP name>

**Important:** This notice explains your additional appeal rights. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under “Get help & more information.”

**Mailing Date:** <Mailing Date> **Member ID:** <Member’s Plan ID Number>

**Name:** <Member’s Name> **Beneficiary ID:** <Member’s Medicaid ID Number>

[*If the plan uses the Beneficiary (Medicaid) ID Number as its Plan ID Number, replace the two fields above with one field formatted as follows:* Member/Beneficiary ID: <Member’s Medicaid ID Number>.]

**This Notice is in response to the internal appeal request that we received on <date appeal received>**

**Type of Service Subject to Notice:**  **Medicare**  **Medicaid**  **Medicare/Medicaid Overlap Service**

**Your appeal was denied**

Your appeal was thoroughly considered. This is to inform you that we [*denied* or *partially denied*]your appeal for the service/item listed below:

**Why did we deny your appeal?**

We [*denied* or *partially denied*]your appeal for the service/item listed above because: [*Include citations with descriptions that are understandable to the member of applicable State and Federal rule, law, and regulation that support the action. You may also include Evidence of Coverage/Member Handbook provisions as well as Plan policies/procedures or assessment tools used to support the decision.*]

You should share a copy of this decision with your doctor so you and your doctor can discuss next steps. If your doctor requested coverage on your behalf, we have sent a copy of this decision to your doctor.

**If you don’t agree with our decision, you have the right to appeal**

You have the right to an External Appeal, also called a Level 2 Appeal. This appeal is reviewed by an independent organization that is not connected to us. There are different independent organizations for Medicare and Michigan Medicaid. Look at the top of this notice to see what type of service you are appealing.

* For a **Medicare** service, we are automatically sending your case to the Medicare Independent Review Entity (IRE) for an External Appeal. The IRE will give you an answer within 30 calendar days of when it gets your appeal.
* For a **Michigan Medicaid** service, you can file an External Appeal yourself. [*ICOs must insert:* There are two ways to make an External Appeal: (1) Michigan Medicaid Fair Hearing with the Michigan Administrative Hearing System (MAHS) and/or (2) External Review with the Department of Insurance and Financial Services (DIFS).] [*PIHPs must insert:* You can do this by asking for a Michigan Medicaid Fair Hearing with the Michigan Administrative Hearing System (MAHS).]
* For a service that could be covered by **both Medicare and Michigan Medicaid**, we are automatically sending your case to the Medicare IRE for an External Appeal. You can also ask for a Michigan Medicaid Fair Hearing with MAHS [*ICOs must insert:* and/or an External Review with DIFS].

See below for information about how to request a Michigan Medicaid Fair Hearing with MAHS [*ICOs must insert:* and an External Review with DIFS].

**How to request a Michigan Medicaid Fair Hearing with MAHS**

To request a Michigan Medicaid Fair Hearing, you must follow the directions on the enclosed Request for Hearing form. You must ask for a Fair Hearing within **120 calendar days** after the mailing date of this notice. A Request for Hearing form is included with this letter. It also has instructions that you should review. If you need another copy of the form, you can ask for one by calling <health plan/PIHP name> Member Services at <phone number>.

**What happens next?**

MAHS will schedule a hearing. You will get a written “Notice of Hearing” telling you the date and time. Most hearings are held by telephone, but you can ask to have a hearing in person. During the hearing, you’ll be asked to tell an Administrative Law Judge why you disagree with our decision. You can ask a friend, relative, advocate, provider, or lawyer to help you. You’ll get a written decision within 90 calendar days from the date your Request for Hearing was received by MAHS. The written decision will explain if you have additional appeal rights.

If the standard timeframe for review would jeopardize your life or health, you may be able to qualify for an expedited (fast) Fair Hearing. Your request must be in writing and clearly state that you are asking for a fast Fair Hearing. Your request can be mailed or faxed to MAHS (see the enclosed Request for Hearing form for the address and fax number). If you qualify for an expedited Fair Hearing, MAHS must give you an answer within 72 hours. However, if MAHS needs to gather more information that may help you, it can take up to 14 more calendar days.

If you have any questions about the Fair Hearings process, including the expedited (fast) Fair Hearing, you can call MAHS at 1-877-833-0870.

[*PIHPs are not subject to PRIRA and should therefore delete the following section on filing with DIFS.*]

**How to request an External Review with DIFS**

To ask for an External Review from DIFS, you must complete the Health Care Request for External Review form. The form is included with this notice. You can also get a copy of the form by calling DIFS at 1-877-999-6442. Complete the form and send it with all supporting documentation to the address or fax number listed on the form. You must submit your request within **127 calendar days** of your receipt of this appeal decision notice.

**What happens next?**

DIFS will review your request. If your case does not require medical record review, DIFS will issue a decision within 14 calendar days after your request is accepted. If your case involves issues of medical necessity or clinical review criteria, DIFS will issue a decision within 21 calendar days.

If the standard timeframe for review would jeopardize your life or health, you may be able to qualify for an expedited (fast) External Review. To ask for an expedited (fast) External Review, you can call DIFS at 1-877-999-6442. An expedited review is completed within 72 hours after your request has been accepted.

**Continuation of Services**

If we previously approved coverage for a service but then decided to change or stop the service before the authorization expired, you can continue your benefits during External Appeals in some cases.

* If the service is covered by **Medicare** and you qualified for continuation of benefits during the appeal with the plan, your benefits for that service will automatically continue during the External Appeal process with the IRE.
* If the service is covered by **Michigan Medicaid**, your benefits for that service will continue if you qualified for continuation of benefits during your appeal with the plan and you ask for a Fair Hearing from MAHS [*ICOs must insert:* or an External Review from DIFS] within 10 calendar days from the date of this notice.
* If the service could be covered by **both Medicare and Michigan Medicaid** and you qualified for continuation of benefits during the appeal with the plan, your benefits for that service will automatically continue during IRE review. You may also qualify for continuation of benefits during MAHS [*ICOs must insert:* and/or DIFS] review if you submit your request within the timeframes listed above.

If your benefits are continued during your appeal, you can keep getting the service until one of the following happens: (1) you withdraw the appeal; or (2) all entities that got your appeal decide “no” to your 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. You must submit the request in writing.

**Get help & more information**

* <Health plan name>: If you need help or additional information about our decision and the appeal process, call Member Services at: <toll-free phone number> (TTY: <toll-free TTY number>), <days and hours of operation>. You can also visit our website at <plan website>.
* MI Health Link Ombudsman: You can also contact the MI Health Link Ombudsman for help or more information. The staff can talk with you about how to make an appeal and what to expect during the appeal process. The MI Health Link Ombudsman is an independent program and the services are free. Call 1-888-746-6456 (TTY: 711).
* Medicare: 1-800-MEDICARE (1-800-633-4227 or TTY: 877-486-2048), 24 hours a day, 7 days a week
* Medicare Rights Center: 1-888-HMO-9050
* Elder Care Locator: 1-800-677-1116 or <http://www.eldercare.gov> to find help in your community
* Michigan Medicare/Medicaid Assistance Program (MMAP): 1-800-803-7174
* Michigan Department of Health and Human Services (MDHHS) Beneficiary Help Line: 1-800-642-3195. TTY users call 1-866-501-5656 or 1-800-975-7630 (if calling from an internet based phone service).
* [*If applicable, insert other state or local aging/disability resources contact information.*]

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

[*PIHPs in Region 1 insert:* NorthCare Network is a behavioral health plan that subcontracts with the Upper Peninsula Health Plan, which is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.]

[*PIHPs in Region 4 insert:* Southwest Michigan Behavioral Health is a behavioral health plan that subcontracts with Aetna Better Health of Michigan and Meridian Health Plan of Michigan, which are health plans that contract with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.]

[*PIHPs in Region 7 and 9 insert:* <PIHP’s legal or marketing name> is a behavioral health plan that subcontracts with Aetna Better Health of Michigan, AmeriHealth Michigan, Michigan Complete Health, HAP Midwest Health Plan, and Molina Healthcare of Michigan, which are health plans that contract with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.]

You can also get this document for free in other formats, such as large print, braille, or audio. Call [*insert Member Services toll-free phone and TTY/TDD numbers, and 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* [*https://www.hhs.gov/civil-rights/for-individuals/section-1557*](https://www.hhs.gov/civil-rights/for-individuals/section-1557)*.*]