**APPEAL DECISION NOTICE:**

**(Medicare-Medicaid Overlap Services)**

If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-877-723-7702 (**TTY/TDD: **711)**. We are available 24 hours a day, seven (7) days a week. The call is free.

Si habla español, los servicios de asistencia lingüística están a su disposición sin costo alguno para usted. Llame al **1-877-723-7702 (**TTY/TDD: **711)**. Estamos a su disposición las 24 horas del día, los siete (7) días de la semana. La llamada es gratuita.

You can get this document for free in other formats, such as large print, braille, or audio. Call **1-877-723-7702 (**TTY/TDD: **711)**. We are available 24 hours a day, seven (7) days a week. The call is free.

Date:<TODAY>

Enrollee’s name: <M\_full\_ name> Enrollee ID Number:<m\_external\_id>

This notice tells you about the appeal request you sent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [health plan] (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 on, and any alternative treatment*].

You may request a copy, free of charge, of the benefit term(s) or rule(s) we used to make our decision. If needed, you may also get a copy of all documents relevant to the appeal free of charge. 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. MAXIMUS Federal Services, Inc. (MAXIMUS) is the Independent Review Entity (IRE) that Medicare uses to review cases to make sure we made the right decision.

Your appeal has been sent 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 about other rights you may have.

**You can contact MAXIMUS:**

MAXIMUS Federal Services

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 **1-877-723-7702** or TDD/TTY at (**711**) 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. You may be able to appeal to the State Fair Hearing and/or an Administrative Law Judge, after the IRE’s review.

**NEED MORE HELP?**

You can also contact the Illinois Home Care Ombudsman (HCO) Program for help or more information. A HCO is an advocate that can talk with you about the State Fair Hearing and what to expect during the hearing process. HCO program is independent and the services are free. Here are ways that you can get help from a 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 Medicare Communications and Marketing Guidelines and State-specific Marketing Guidance.*]

[*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)*.*]