Notice of Appeal Decision

<Health plan/PIHP name>

**Im****portant:** 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 ICO 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 ICO 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. Refer to the top of this notice to find 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 (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.
* 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 Office of Administrative Hearings and Rules (MOAHR) 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 Office of Administrative Hearings and Rules (MOAHR).]
* 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 MOAHR [*ICOs must insert:* and/or an External Review with DIFS].

Refer to information below about how to request a Michigan Medicaid Fair Hearing with MOAHR [*ICOs must insert:* and/or an External Review with DIFS].

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

To request a Michigan Medicaid Fair Hearing, you must follow the directions on the Request for Hearing form included with this letter. You must ask for a Fair Hearing within **120 calendar days** after the mailing date of this notice. If you need another copy of the form, you can ask for one by calling <ICO/PIHP name> Member Services at <toll-free phone and TTY numbers>.

**What happens next?**

MOAHR 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 MOAHR. The written decision will explain if you have additional appeal rights.

If the standard timeframe for review would put your life or health at risk, 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 MOAHR (refer to the enclosed Request for Hearing form for the address and fax number). If you qualify for an expedited Fair Hearing, MOAHR must give you an answer within 72 hours. However, if MOAHR 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 Hearing process, including the expedited (fast) Fair Hearing, you can call MOAHR at <phone number>.

[*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 <phone number>. 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 <phone number>. 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 MOAHR [*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 MOAHR [*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, contact [insert if applicable: your Care Coordinator or 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 <MMP URL>.
* **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). The MI Health Link Ombudsman is available Monday through Friday, 8 a.m. to 5 p.m.
* **Medicare**: 1-800-MEDICARE (1-800-633-4227 or TTY: 1-877-486-2048), 24 hours a day, 7 days a week
* **Medicare Rights Center**: 1-800-333-4114, Monday through Friday
* **Eldercare Locator**: 1-800-677-1116 (Monday through Friday, 9 a.m. to 8 p.m.) or [www.eldercare.acl.gov/Public/Index.aspx](https://eldercare.acl.gov/Public/Index.aspx) to find help in your community
* **Michigan Medicare 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). You can also email [beneficiarysupport@michigan.gov](mailto:beneficiarysupport@michigan.gov).
* [*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.*]

[*As applicable, PIHPs may use one Notice of Appeal Decision model for all MMPs they subcontract with. PIHPs may include one Material ID at the bottom of the first page of the Notice of Appeal Decision that contains all applicable MMP contract numbers (e.g.,* H8026\_H0192\_H9712\_H9487\_H7844\_PIHP IDN Region 7*)*.]

[*NorthCare 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.]

[*Detroit Wayne Integrated Health Network insert:* Detroit Wayne Integrated Health Network is a behavioral health plan that subcontracts with Aetna Better Health of Michigan, AmeriHealth Michigan, MeridianComplete, HAP CareSource, 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.]

[*Macomb County Community Mental Health insert:* Macomb County Community Mental Health is a behavioral health plan that subcontracts with HAP CareSource, 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 in Macomb County.]

[Plans may include either the current multi-language insert or provide a Notice of Availability. Plans that choose to use the current multi-language insert per 42 CFR §§ 422.2267(e)(31) and (e)(33) should include:We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at <phone number>. Someone that speaks <language> can help you. This is a free service. [This information must be included in the following languages: Spanish, Chinese, Tagalog, French, Vietnamese, German, Korean, Russian, Arabic, Italian, Portuguese, French Creole, Polish, Hindi, Japanese, and any additional languages required by the state.]

*OR*

*Per the final rule CMS-4205-F released on April 4, 2024, §§ 422.2267(e)(31) and 423.2267(e)(33), plans may choose to provide a Notice of Availability of language assistance services and auxiliary aids and services that at a minimum states that the plan provides language assistance services and appropriate auxiliary aids and services free of charge. The plan must provide the notice in English and at least the 15 languages most commonly spoken by individuals with limited English proficiency in Michigan and must provide the notice in alternate formats for individuals with disabilities who require auxiliary aids and services to ensure effective communication.*]

[*Plans that meet the 5% alternative language or Medicaid required language threshold insert:* This document is available for free in [*insert languages that meet the threshold as described the “Standards for required materials and content section” of the Marketing Guidance for Michigan Medicare-Medicaid Plans*].]

[*Plans must increase the font size and may use bold font to emphasize the following information.*] You can also 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.