

# NOTICE OF APPEAL APPROVAL

## <CMHSP name and logo>

**Important:** This notice explains the results of your appeal. 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.”

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**Mailing Date:** <Mailing Date>

**Member ID:** < CMHSP ID Number>

**Name:** <Member’s Name>

**Beneficiary ID:** <Medicaid ID Number>

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

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## Your appeal request was approved

Your appeal was thoroughly considered. This is to inform you that we approved your appeal for the service/item listed below:

Service(s)
<i>[List the services that were approved, including any applicable information about coverage amount, duration, etc.]</i>

## What this means:

Because your Level 1 Appeal decision was approved, you may receive the following services as of <date authorized>:

*[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.]*

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If you do not receive the services, or if the services are wrongly stopped or reduced, tell us immediately using the contact information below:

**<CMHSP> Customer Service Department**

**<Mailing Address>**

**Phone: <phone number>**

**For those with hearing impairment, please call Michigan Relay at 7-1-1 for assistance.**

**Fax: <fax number>**

## Getting your case file

You can ask to see the medical records and other documents we reviewed during your appeal. You can also ask for a copy of the guidelines we used to make our decision. 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**

**If you need additional help or do not understand any part of this Notice, please call  
<CMHSP> Customer Service Department  
<phone number>**

**For those with hearing impairment, please call Michigan Relay at 7-1-1 for assistance.  
<hours of operation>**

**You can also visit our website at <website>**

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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).

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**Section 1557 of the Patient Protection and Affordable Care Act prohibits discrimination based on race, color, national origin, sex, age, or disability.**

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