

NOTICE OF INTERNAL APPEAL DENIAL

<CMHSP name and logo>

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: < 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>.

Your internal appeal was denied

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

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

Why did we deny your appeal?

We [denied or partially denied] your internal 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 provider so you and your provider can discuss next steps. If your provider requested coverage on your behalf, we have sent a copy of this decision to your provider.

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

You have the right to an External Appeal. The External Appeal is reviewed by an independent organization that is not connected to us. You can file an External Appeal yourself.

Below is information on how to request a State Fair Hearing with MOAHR.

How to ask for a State Fair Hearing with MOAHR

To ask for a Medicaid State Fair Hearing you must follow the directions on the enclosed Request for State Fair Hearing form. You must ask for a State Fair Hearing within **120 calendar days** from the mailing date of this notice. If your request is not received at MOAHR by <insert 120 calendar day date>, you will not be granted a hearing. If you need another copy of the form, you can ask for one by calling <CMHSP> Member Services at <phone number> or the Michigan Department of Health and Human Services 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).

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 jeopardize your life or health, you may be able to qualify for a fast (also known as an expedited) State Fair Hearing. Your request must be in writing and clearly state that you are asking for a fast State Fair Hearing. Your request can be mailed or faxed to MOAHR (see the enclosed Request for Hearing form for the address and fax number). If you qualify for a fast State 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 State Fair Hearings process, including the fast State Fair Hearing, you can call MOAHR at 1-877-833-0870.

Continuation of Services

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

Your benefits for that service will continue if you qualified for continuation of benefits during your internal appeal and you ask for a State Fair Hearing from MOAHR within **10 calendar days** from the date of this notice or from the intended effective date of the proposed adverse action whichever is later. MOAHR must receive your State Fair Hearing by <insert 10 calendar day date from this notice> and you should state in your request that you are asking for your service(s) to continue.

If your benefits are continued during your appeal, you can keep getting the service until one of the following happens: 1) you withdraw the External 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

**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>

Michigan Department of Health and Human Services (MDHHS) Beneficiary
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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.