

Utilization Management Adverse Benefit Determination

Date

Name
Address
Address

Type of Review: Prospective Review
Status of Request: Non- Urgent

Date and Time of Request: **Date** **Time**
Date and Time of Decision: **Date** **Time**

Dear **Name**,

Recently you requested services from Southwest Michigan Behavioral Health (SWMBH). This Adverse Benefit Determination letter is to let you know of the decision that was made regarding that request. This Adverse Benefit Determination will explain the action taken (decision) and the steps you can take if you do not agree with the decision and wish to file an appeal.

Type of Service	UM Determination	Reviewer (credentials)	Effective Date
Principle Reason For Determination: Lack of Medical Necessity			
Applicable Rationale: If you have questions about this decision please feel free to contact Southwest Michigan Behavioral Health Customer Services at 1-800-890-3712.			
Denied per SWMBH Medical Necessity Criteria [utilize Beacon Criteria].			
It is recommended			

Information for Members

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

If you have any questions about this action, please call the Customer Service department who can further assist you with any questions regarding this decision or your appeal rights. ***If you don't agree with our action, you have the right to a Local Level Appeal.***

If you would like a copy of the Utilization Management criteria or benefits utilized in this denial, please contact Southwest Michigan Behavioral Health at 1-800-676-5814. These criterion and benefits are available to you free of charge.

Appeal Option

Standard Local Level Appeal: You have the right to appeal this decision with Southwest Michigan Behavioral Health. Requests can be made orally or in writing and must be received by the Member Services Department within **60 calendar days** of the Adverse Benefit Determination. You, your representative, or your doctor can send in your request that must include: your name, address, Member ID, reason for appealing, whether you want a standard or fast appeal (if requesting an Expedited/Fast Appeal, explain why you need one), and any evidence you want us to review such as medical records, doctors' letters or other information that explains why you need the item or service. If you are asking for a fast appeal you will need a doctor's supporting statement. Call your doctor if you need this information.

Please keep a copy of everything you send us for your records.

During your appeal, 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. You will receive a written decision on a standard appeal within **30 calendar days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed.

Expedited or Fast Appeal: You have the right to request an "expedited" or "faster" appeal if waiting the standard time of **30 calendar days** for the appeal determination would seriously jeopardize your life or health or your ability to attain, maintain, or regain maximum function. We will give you a decision on a fast appeal within **72 hours** after we get your appeal. We'll automatically give you a fast appeal if a doctor asks for one for you or if your doctor supports your request. If you ask for a fast appeal without support from a doctor, we'll decide if your request requires a fast appeal. If we don't give you a fast appeal, we'll give you a decision within 30 calendar days. To request an "expedited" appeal it is best to request this orally by contacting Customer Services at the toll-free number below.

To file an appeal request in writing:

**Southwest Michigan Behavioral Health
5250 Lovers Lane Suite 200
Portage, MI 49002**

To file an appeal request orally call:

(800) 890-3712 or MRC 711

Continuation of Current Service(s) During Appeal Process

If you are receiving a Michigan Medicaid service and the action you wish to appeal is a suspension, reduction or termination of current services, you may ask that your services remain in place if your request for continuation of benefits is timely (on or before the latter of (i) **10 calendar days** from the date of the notice of Adverse Benefit Determination, or (ii) the intended effective date of the proposed Adverse Benefit Determination and the (iii) the period covered by the original authorization has not expired).

What Happens Next?

If you ask for an internal appeal and we continue to deny your request for coverage or payment of a service, we will send you a written Notice of Appeal Denial. If the service is covered by Michigan Medicaid, you can ask for a Medicaid State Fair Hearing. The Notice of Appeal Denial will give you additional information about the State Fair Hearings process and how to file the request.

If you do not receive a notice or decision about your internal appeal within the timeframes listed above, you may also seek a State Fair Hearing with the Michigan Administrative Hearing System.

Sincerely,

Ashley Esterline, LLMSW
Member Triage and Engagement Specialist
Southwest Michigan Behavioral Health

The legal basis for this decision is 42 CFR 440.230(d) and applicable policy found in the Medicaid Provider Manual, Mental Health and Substance Abuse Services.

**If you do not understand any part of this Adverse Benefit Determination, please call Southwest Michigan Behavioral Health Customer Services Department at 1-800-890-3712 or 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). All deaf or hard of hearing persons, please contact us using the Michigan Relay Center.
Dial 7-1-1- or (800) 649-3777 and give them the number you are trying to reach.**