

Notice of Denial of Medical Coverage

Southwest Michigan Behavioral Health

Important: This notice explains your right to appeal our decision. 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:

Member/Beneficiary ID: *<Member’s Medicaid ID Number>*

Name:

Type of Service Subject to Notice: Medicare Medicaid Medicare/Medicaid Overlap Service

Your request was denied

We [*Insert appropriate term: denied, stopped, reduced, suspended*] the medical services/items listed below requested by you or your provider:

Date service will be affected should be put here

Why did we deny your request?

We [*Insert appropriate term: denied, stopped, reduced, suspended*] the services/items 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. Plans may also include Evidence of Coverage/Member Handbook provisions as well as Plan policies/procedures or assessment tools used to support the decision.*]

Should indicate advance or adequate here along with legal basis for denial (i.e. 42 cfr 440.230 d) as well as specific policy, medicaid provider manual or service benefits

You have the right to appeal our decision

You have the right to ask Southwest Michigan Behavioral Health to review our decision by asking us for an internal appeal. You may also request a Fair Hearing regarding a Medicaid covered service before, during, after, or instead of filing an internal appeal with us. The process is described later in this notice.

Internal Appeal: Ask Southwest Michigan Behavioral Health for an internal appeal within **60 calendar days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline.

*If we're stopping or reducing a service, you can keep getting the service while your case is being reviewed. **If you want the service to continue while your case is under review, you must ask for an appeal within 12 calendar days of the date of this notice or before the service is stopped or reduced, whichever is later.***

If you want someone else to act for you

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at: 1-800-676-5814 to learn how to name your representative. TTY users call 711 MRC. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us.

Important Information About Your Appeal Rights

There are 2 kinds of internal appeals

Standard Appeal – We'll give you 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. If your appeal is for payment of a service you've already received, we'll give you a written decision within **60 calendar days**.

Fast Appeal – We'll give you a decision on a fast appeal within **72 hours** after we get your appeal. You can ask for a fast appeal if you or your doctor/provider believe your health could be seriously harmed by waiting up to 30 calendar days for a decision.

We'll automatically give you a fast appeal if a doctor asks for one for you or 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.

How to ask for an internal appeal with Southwest Michigan Behavioral Health

Step 1: You, your representative, or your provider must ask us for an internal appeal. Your request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- 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. Call your doctor if you need this information.

You can ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

Step 2: Mail, fax, or deliver your appeal *{or call us}*.

For a Standard Appeal: Address: Southwest Michigan Behavioral Health
Member Service Department
5250 Lovers Lane, Suite 200
Portage, MI 49002
Phone: 1-800-676-5814 Fax: 269-441-1234

If you ask for a standard appeal by phone, we will send you a letter confirming what you told us.

For a Fast Appeal: call Member Services

Phone: 1-800-676-5814

Fax: 269-441-1234

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'll send you a written decision. The letter will tell you if the service or item is usually covered by Medicare and/or Medicaid.

- If the service is covered by Medicare, we will automatically send your case to an independent reviewer. If the independent reviewer denies your request, you will receive a written decision that will explain if you have additional appeal rights.
- If the service is covered by Medicaid, you can ask for a Fair Hearing if you haven't already done so. Your written decision will give you instructions on how to request a Fair Hearing. Information about the Fair Hearing process is also below.
- If the service could be covered by both Medicare and Medicaid, we will automatically send your case to an independent reviewer. You can also ask for a Fair Hearing.

How to ask for a Medicaid Fair Hearing

You do not have to file an internal appeal with the plan before requesting a Fair Hearing. You can request a Fair Hearing at the same time as you file an internal appeal, after filing an internal appeal, or instead of filing an internal appeal.

You have 90 calendar days from date of this notice to request the hearing. **If you want the service to continue while your case is under review, you must ask for a Fair Hearing within 12 calendar days** of the date of this notice or before the service is stopped or reduced, whichever is later.

A Request for Hearing form is included with this letter. It also has instructions that you should review.

Step 1: You, your representative, or your provider must ask for a Fair Hearing. Your written request must include:

- Your name
- Address
- Member number
- Reasons for requesting a Fair Hearing
- Any evidence you want the Administrative Law Judge to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

Step 2: Send your request to: Address: Michigan Administrative Hearing System (MAHS)

PO Box 30763

Lansing, MI 48909

Phone: 1-877-833-0870

Fax: 517-373-4147

What happens next?

The Michigan Administrative Hearing System (MAHS) will schedule a hearing. You will receive a written “Notice of Hearing” telling you the date and time. Most hearings are held by telephone, but you can request 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 MAHS. 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 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 MAHS at 517-373-4147. If you qualify for an expedited Fair Hearing, MAHS must give you an answer within 72 hours. However, if MAHS 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 Hearings process, including the expedited (fast) Fair Hearing, you can call MAHS at 1-877-833-0870.

{ A copy of this notice has been sent to: }

Get help & more information

- Southwest Michigan Behavioral Health Toll Free: 1-800-676-5814 TTY users call: 711 MRC
Member Services hours 8 a.m. – 6 p.m.
- 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call: 1-877-486-2048
- Medicare Rights Center: 1-888-HMO-9050
- Elder Care Locator: 1-800-677-1116
- MI Health Link Ombudsman Program: information will be provided when available.
- Michigan Medicare/Medicaid Assistance Program (MMAP): 1-800-803-7174
- Michigan Department of Community Health (MDCH) Beneficiary Help Line: 1-888-367-6557. TTY users call 1-888-263-5897 or 1-800-975-7630 (if calling from an internet based phone service).

Southwest Michigan Behavioral Health is a behavioral health plan that subcontracts with Aetna Better Health of Michigan and Meridian Health Plan of Michigan, which are health plans that contract with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

You can speak with someone about getting this information in other languages. Call 1-800-676-5814. The call is free.

Puede hablar con alguien sobre cómo obtener esta información en otros idiomas. Llame al 1-800-676-5814. La llamada es gratis.

بإمكانك طلب الحصول على هذه المعلومات بلغات أخرى. اتصل بالرقم 1-800-676-5814. المكالمات مجانية.

This information is available for free in other languages and formats like Braille or audio CD.

Esta información está disponible sin costo en otros idiomas y formatos como Braille o CD de audio.

تتوفر هذه المعلومات مجاناً بلغات أخرى وصيغ أخرى مثل بريل أو كقرص سي دي صوتي.