

Southwest Michigan Behavioral Health Affiliation

For the counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren

Appeal Acknowledgement

DATE

Name
Address
Address

Type of Appeal: Routine
Status of Request: Non-Urgent

Date of Appeal Request:
Time of Appeal Request:

Dear **Name**,

This letter is to confirm and acknowledge your request to file an appeal with **Name of Agency**.

You are appealing the decision noted below:

Requested Services (Dates/Units)	Type of Service	UM Determination	Reviewer (credentials)	Effective Date

Information for Members

Name of Agency will be working to identify the most appropriate and medically necessary services to provide to you. As a reminder, the individuals involved in making the decision(s) about your services will not be the same who initiated the action you are appealing.

You are welcome to see your records at any time during this appeal process. If you need help to do this, please let me know. You are welcome to provide more information for us to review either verbally or in writing.

At any time during the process you may have another person act for you or help you. This person will be your representative. If you want someone to act for you, you must tell us that in writing.

If you already have someone to represent you, or if you have a legal guardian, power of attorney, or someone authorized to make health care decisions on your behalf, you do not have to do anything else.

We will contact you when the results and recommendations from the plan as noted above are complete. You can expect that your local appeal will be completed within **30 calendar days**.

If you have any questions or need any assistance throughout the appeal process, please call Customer Services at 1-800-890-3712

You are welcome to contact these community resources for assistance with your appeal:

- Legal Aid of Western Michigan 1-888-783-8190
- Michigan Protection and Advocacy 1-800-288-5923
- Michigan Department of Health and Human Services (MDHHS) Beneficiary Help Line 1-800-642-3195
TTY users call: 1-800-501-5656 or 1-800-975-7630

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If you have changed your mind about filing this appeal, please contact Customer Services as soon as possible. If we do not hear from you to withdraw the appeal within **10 calendar days** from this letter, we will proceed with the plan for your appeal.

Information for Members

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

A decision on this appeal will be made within **30 calendar days** of receiving your request to Appeal. A letter will be mailed to you telling you what our decision is and why we made that decision.

Continuation of Service(s) During Appeal Process

You have the right to request and receive benefits while the internal appeal is pending. If you file the request for continuation of benefits 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), your services will continue while the internal appeal is pending.

If you have any further questions, please contact Customer Service at (800) 890-3712.

Thank you,

NAME

**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.**