

Notice of Dismissal of Authorization Request

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: <Member’s Plan ID Number>

Name: <Member’s Name>

Beneficiary ID: <Member’s Medicaid ID Number>

[If the plan uses the Beneficiary (Medicaid) ID Number as its Plan ID Number, replace the two fields above with one field formatted as follows: Member/Beneficiary ID: <Member’s Medicaid ID Number>.]

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

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

Your authorization request was dismissed

On <insert date> you, or someone on your behalf, asked us to authorize, or pay for, you to get *[List the service(s) or item(s) that were requested]*.

We can’t make a decision on your request, so we are dismissing it, because:

- ☐ We don’t have a document stating the person who sent in the request is someone who can speak for you.
- ☐ The member who made the request died before we made our decision, and we must dismiss it, if no one else with a financial interest in the case wants to pursue the request.
- ☐ You submitted a request to withdraw the request for the authorization.
- ☐ You did not make out a valid request for an authorization.

[Include additional detail on the specific reason for dismissal and what is missing from the request (e.g., lack of an appointment of representation (AOR) form. See the Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance for when it may be appropriate to dismiss a reconsideration request and Section 2.8.3.9 of the MI Health Link three-way contract).]

We can look at your authorization request again if you give us a good reason. You will need to give us *[include information on the specific information the plan would need to vacate the dismissal]*. We must receive that explanation within 6 months of the date on this notice.

You should share a copy of this decision with your doctor so you can discuss the next steps with them. Your doctor should have received a copy from us, if they made the request on your behalf.

You have the right to appeal our decision

You have the right to ask <health plan/PIHP name> to review our decision by asking us for an internal appeal.

Internal Appeal: Ask <health plan/PIHP name> 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. Refer to the section titled “How to ask for an internal appeal with <health plan/PIHP name>” for information on how to ask for a plan level appeal.

How to keep your services while we review your case: 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 10 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: <phone number(s)> to learn how to name your representative. TTY users call <TTY number>. 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. Keep a copy for your records.

Important Information About Your Appeal Rights

There are 2 kinds of internal appeals with <health plan/PIHP name> *[Delete this heading if the notice is for a denial of payment, and delete the Fast Appeal section below as well.]*

Standard Appeal – We’ll give you a written decision on a standard appeal within *[insert appropriate timeframe for medical service/item or Part B drug: 30 calendar days, 7 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 *[insert as applicable: medical service/item or Part B drug or Medicaid drug]* you’ve already received, we’ll give you a written decision within **60 calendar days**.

[May delete if the notice is for a denial of payment: 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 believe your health could be seriously harmed by waiting up to *[insert appropriate timeframe for medical service/item or Part B drug: 30 calendar days, 7 calendar days]* for a decision.

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 *[insert appropriate timeframe for medical service/item or Part B drug: 30 calendar days, 7 calendar days].*

How to ask for an internal appeal with <health plan/PIHP name>

Step 1: You, your representative, or your *[insert as applicable: doctor or provider]* must ask us for an internal appeal. Your request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- *[May delete if the notice is for a denial of payment: Whether you want a standard or fast appeal (for a fast appeal, explain why you need one).]*

- Any evidence you want us to review, such as medical records, doctors' letters *[may delete if the notice is for a denial of payment: (such as a doctor's supporting statement if you request a fast appeal)]*, or other information that explains why you need the item or service. Call your doctor if you need this information.

We recommend keeping a copy of everything you send us for your records.

[Insert, if applicable: You can ask to look at 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: Mailing Address:
[Insert as applicable: In Person Delivery Address:]
 Phone: TTY Users Call:
 Fax:
[Insert as applicable: Email Address:]

[Insert, if applicable: If you ask for a standard appeal by phone, we will send you a letter confirming what you told us.]

[May delete if the notice is for a denial of payment:]

For a Fast Appeal: Phone: TTY Users Call:
 Fax:
[Insert as applicable: Email Address:]

What happens next?

If you ask for an internal appeal and we continue to deny your request for coverage or payment of a *[insert as applicable: medical service/item or Part B drug or Medicaid drug]*, we'll send you a written decision. The letter will tell you if the service or item is usually covered by Medicare and/or Michigan 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 Michigan Medicaid, you can ask for a Fair Hearing. *[ICOs must insert: You can also ask for an External Review under the Patient Right to Independent Review Act (PRIRA).]* Your written decision will give you instructions on how to request a Fair Hearing *[ICOs must insert: and External Review]*.
- If the service could be covered by both Medicare and Michigan Medicaid, we will automatically send your case to an independent reviewer. You can also ask for a Fair Hearing *[ICOs must insert: or an External Review]*.
- If you do not receive a notice or decision about your appeal from the plan within the timeframes listed above, you may seek a Fair Hearing. For more information or to ask for a Fair Hearing, contact the Michigan Office of Administrative Hearings and Rules (MOAHR) at <phone number>.

Get help & more information

<Health plan name>: If you need help or additional information about our decision and the appeal process, call Member Services at:

Toll Free Phone: Days & hours of operation:

TTY Users Phone: Days & hours of operation:

You can also visit our website at <MMP web address>.

- **MI Health Link Ombudsman:** You can also contact the MI Health Link Ombudsman for help or more information. The staff can talk with you about how to make an appeal and what to expect during the appeal process. The MI Health Link Ombudsman is an independent program and the services are free. Call 1-888-746-6456 (TTY: 711). The MI Health Link Ombudsman is available Monday through Friday, 8 am to 5 pm.
- **Medicare:** 1-800-MEDICARE (1-800-633-4227 or TTY: 1-877-486-2048), 24 hours a day, 7 days a week
- **Medicare Rights Center:** 1-800-333-4114, Monday through Friday
- **Eldercare Locator:** 1-800-677-1116 (Monday through Friday, 9 am to 8 pm) or www.eldercare.acl.gov to find help in your community
- **Michigan Medicare/Medicaid Assistance Program (MMAP):** 1-800-803-7174
- **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). You can also email beneficiarysupport@michigan.gov.
- *[If applicable, insert other state or local aging/disability resources contact information.]*

[Plans must include all applicable disclaimers as required in the State-specific Marketing Guidance.]

[As applicable, PIHPs may use one Notice of Appeal Decision model for all MMPs they subcontract with. PIHPs may include one Material ID at the bottom of the first page of the Notice of Appeal Decision that contains all applicable MMP contract numbers (e.g., H8026_H0192_H9712_H9487_H7844_PiHP IDN Region 7).]

[PIHPs in Region 1 insert: NorthCare Network is a behavioral health plan that subcontracts with the Upper Peninsula Health Plan, which is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.]

[PIHPs in Region 4 insert: 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.]

[PIHPs in Region 7 and 9 insert: <PIHP's legal or marketing name> is a behavioral health plan that subcontracts with Aetna Better Health of Michigan, AmeriHealth Michigan, Michigan Complete Health, HAP Midwest Health Plan, and Molina Healthcare of Michigan, which are health plans that contract with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.]

ATTENTION: If you speak *[insert language of the disclaimer]*, language assistance services, free of charge, are available to you. Call *[insert Member Services toll-free phone and TTY numbers, and days and hours of*

operation]. The call is free. *[This disclaimer must be included in all non-English languages that meet the Medicare and/or state thresholds for translation.]*

[Plans may increase the font size and/or use bold font to emphasize the following information.] You can also get this document for free in other formats, such as large print, braille, or audio. Call *[insert Member Services toll-free phone and TTY numbers, and days and hours of operation]*. The call is free.