

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.”

Notice of Denial of Medical Coverage

Date: 12/15/1999

Member Number: 12345

Name: John Brown

Your request was denied. We’ve denied the payment of right inguinal hernia repair listed below requested by your doctor:

Why did we deny your request?

We denied the payment listed above because the surgery you received was not

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

You have the right to appeal our decision

You have the right to ask Medicaid to review our decision by asking us for an appeal. In accordance with Medicaid policy, you have the right to appeal this decision. The appeal must be initiated within 60 days from the date of this letter. Please note that before you can request a State Fair Hearing or any other state external review, you are required to exhaust all available levels of internal appeal within your health plan.

Plan Appeal: Ask Medicaid for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline. See section titled “How to ask for an appeal with Medicaid” 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, you must ask for an appeal within 10 days** of the date of this notice or before the service is stopped or reduced, whichever is later. Your provider must agree that you should continue getting the service. If you lose your appeal, you may have to pay for these services.*

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: (800) 743-8525 to learn how to name your representative. TTY users call (800) 952-8349. 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 appeals with Medicaid

Standard Appeal – We'll give you a written decision on a standard appeal within 60 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 medical service you've already received, we'll give you a written decision within **60 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 believe your health could be seriously harmed by waiting up to **7 days** for a decision. You cannot request an expedited appeal if you are asking us to pay you back for a right inguinal hernia repair.

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 days, 7 days**}.

How to ask for an appeal with Medicaid

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

- Your name
- Address
- Member number
- Reasons for appealing
- 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 (such as a doctor's supporting statement if you request a fast appeal), or other information that explains why you need the right inguinal hernia repair. Call your doctor if you need this information.

If you're asking for an appeal and missed the deadline, you may ask for an extension and should include your reason for being late.

We recommend keeping a copy of everything you send us for your records. [Insert, if applicable: *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. *You can also call us or submit your appeal electronically.*

For a Standard Appeal:

Mailing Address:

Provider Office LTD.

123 Main Street

San Diego, CA 98000

Phone: (123) 456-7890

Website: www.state-provider-website.com

For a Fast Appeal:

Phone: (098) 765-4321

Website: www.other-state-provider-website.com

If you ask for an appeal and we continue to deny your request for right inguinal hernia repair, we'll automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

How to ask for a Medicaid State Fair Hearing

If Medicaid denies your appeal request, you can take the steps listed below to request a State Fair Hearing.

Step 1: *You or your representative must ask for a State Fair Hearing (in writing) within 90 days. You have up to 120 days if you have a good reason for your request being late.*

Your written 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.

Step 2: *Send your request to:*

Mailing Address:

Provider Office LTD.

987 Market Street

Sacramento, CA 90000

Phone: (456) 789-7890

Website: www.state-medicaid-website.com

For a Fast Appeal:

Phone: (321) 765-4765

Website: www.other-state-medicaid-website.com

Get help & more information

- Medicaid Toll Free: (444) 444-4444
- 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week.
- Medicare Rights Center: 1-888-HMO-9050
- Elder Care Locator: 1-800-677-1116 or www.eldercare.acl.gov to find help in your community.

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You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.