

Organizational Letterhead

[Date]

Member Information

[Member Name or Legal Guardian]

Member Name: [Patient Name]

[Street Address]

Member DOB: [Patient DOB]

[City, State, Zip]

Medicaid ID: [Patient ID]

Continuation of Benefits During Appeal or State Fair Hearing

Why am I getting this letter?

You or your provider asked us to provide [Specify medical service(s) or treatment in plain language]. We denied the request on [Date of Denial]. You asked for [an appeal/a State fair hearing] on [date of appeal/fair hearing request].

You also asked to continue receiving services until the appeal or State fair hearing ends.

A [MCO's name] representative reviewed your request and decided:

Your request to continue services during your appeal or State fair hearing is [approved/denied].

[IF DENIED:] We denied your request for the reason(s) below:

If either of the first two options is true, the MCO must choose the later option:

You missed the appeal or State fair hearing deadline.

We got your request more than 10 days after the date of the Adverse Benefit Determination letter.

We got your request after your services changed.

An out-of-network doctor ordered the service.

The appeal or State fair hearing does not involve the end, suspension, or cutback of a previously approved treatment.

The original approval of the treatment ended.]

[IF APPROVED]

Your services will continue until your appeal or State fair hearing is decided.

But if you lose the appeal or State fair hearing, you might need to pay for these services.]

Model Notice 14 - NEW
Continuation of Benefits Update

Next Steps

If you disagree with this decision, you can call [MCO phone #] to file a grievance. You can also call the HealthChoice Help Line at 1-800-284-4510.

Questions or Need Help?

Read the Appeal and Grievance Rights fact sheet with this letter. The fact sheet explains your rights and responsibilities under Maryland law.

For questions, call us at [MCO phone #] or the HealthChoice Help Line at 1-800-284-4510.

Sincerely,

[MCO Designee]

[MCO]

Cc: [Requesting Provider]

Enclosures

Appeal and Grievance Rights

Non-Discrimination Statement

Language Accessibility Statement