Model Notice 8
Appeal Decision- Upheld Denial

Organizational Letterhead

[Date]

Member Information

[Member Name or Legal Guardian]
[Street Address]
[City, State, Zip]

Member Name: [Patient Name]
Member DOB: [Patient DOB]
Medicaid ID: [Patient ID]

Appeal Decision - Upheld Denial

Why am I getting this letter?

On [date of appeal filing], you or your representative asked for an appeal. A [MCO] representative who was not involved with making the initial denial decision reviewed the appeal and decided to [insert if requested services or treatment is being denied fully or partially in easy-to-understand language].

How did [MCO] make this decision?

[MCO Representative's name or initials, the person's title, credentials and/or qualifications, and specialty] made this decision on [date of decision]. They based the decision on [Provide a clear, full, and factual explanation of the reasons for the decision in easy-to-understand language].

If you want a free copy of any guideline, codes, records, benefit provision, protocol, or any document used to decide your appeal, including your medical records, call the [MCO Member Services] at [MCO phone #] or [MCO phone #] (TTY).

Next Steps

If you do not agree, you can contact the HealthChoice Help Line at 1-800-284-4510 to ask the Maryland Department of Health to review the MCO's appeal decision. You can also request a State fair hearing by calling, writing, or faxing the Maryland Department of Health. The enclosed Appeal and Grievance Rights statement has more information about your rights and responsibilities.

You have 120 days from the date of this letter, or until [Insert 120 days from date of letter], to request a State fair hearing.

Can I continue receiving services during a State fair hearing?

Yes. If you are already getting these services and they are about to end, you might be able to keep getting them during the State fair hearing. Call us at [MCO phone number] within 10 days from the date of this letter, or [10 Days from Date of Letter], or before the last day of your services. Your provider cannot make this request for you.

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

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