

**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.” You can also see Chapter 9 of the Member Handbook for information about how to make an appeal.

## Notice of Denial of Medical Coverage

{Replace *Denial of Medical Coverage* with *Denial of Payment*, if applicable}

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**Date:**

**Member number:**

**Name:**

[Insert other identifying information, as necessary (e.g., provider name, enrollee’s Medicaid number, service subject to notice, date of service)]

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### Your request was denied

We’ve {Insert appropriate term: *denied, stopped, reduced, suspended*} the {*payment of*} medical services/items listed below requested by you or your doctor [*provider*]:

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### Why did we deny your request?

We {Insert appropriate term: *denied, stopped, reduced, suspended*} the {*payment of*} medical services/items listed above because {Provide specific rationale for decision and include State or Federal law and/or Evidence of Coverage provisions to support decision}:

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### You have the right to appeal our decision

You have the right to ask {health plan name} to review our decision by asking us for a Level 1 Appeal (sometimes called an “internal appeal” or “plan appeal”). You are not required to appeal to the plan for Medi-Cal services. You can always ask for a State Fair Hearing without first appealing to our plan, and in special cases you can ask for an Independent Medical Review (IMR) without first appealing to our plan.

**Level 1 Appeal with {health plan name}:** Ask {health plan name} for a Level 1 Appeal within **90 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline.

**Independent Medical Review (IMR) for Medi-Cal Services:** In most cases you will need to appeal to {health plan name} first, and if we deny your appeal, you can then ask for an IMR by doctors who are not part of the plan within **6 months** of our denial. But if you think that appealing to our plan is not in your best interest, you may be able to have an IMR without appealing to us first.

**State Fair Hearing for Medi-Cal Services:** You have up to **90 days** to ask for a State Fair Hearing. The 90 days start the day after the date of this notice.

*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 or a State Fair Hearing 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 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: {number(s)} to learn how to name your representative. TTY users call {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.

## **Important information about your appeal rights**

*The following paragraph is a required disclosure for grievances regarding Medi-Cal services under California Health and Safety Code Section 1368.02(b). In this paragraph, the term "grievance" means "appeal."*

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at {insert health plan's telephone number} and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a **toll-tree telephone number (1-888-HMO-2219) and a TDD line (1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

## **There are 2 kinds of Level 1 appeals with {health plan name}**

**Standard Appeal** – We'll give you a written decision on a standard appeal within **30 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 Medicare service you've already received, we'll give you a written decision within **60 days**.

**Fast (Expedited) Appeal** – We'll give you a decision on a fast appeal as expeditiously as your condition requires, and always 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 for a decision on a standard appeal.

**We'll automatically give you a fast appeal if a doctor asks for one for you or 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 30 days.

## How to ask for a Level 1 Appeal with {health plan name}

**Step 1:** You, your representative, or your provider must ask for an appeal within **90 days** of getting this notice.

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.

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 or call us.

**For a Standard Appeal:**      Address: \_\_\_\_\_  
   Phone: \_\_\_\_\_                                      Fax: \_\_\_\_\_

If you ask for a standard appeal by phone, we will repeat your request back to you to be sure we have documented it correctly. We will also send you a letter confirming what you told us. The letter will tell you how to make any corrections.

**For a Fast (Expedited) Appeal:**                                      Phone: \_\_\_\_\_                                      Fax: \_\_\_\_\_

### What happens next?

If you ask for a Level 1 Appeal and we continue to deny your request for {payment of} a service, we'll send you a written decision.

If the service was originally a Medicare service or a service covered by both Medicare and Medi-Cal, we will 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.

If the service was a Medi-Cal service, you can ask for an Independent Medical Review or a State Fair Hearing. Your written decision will give you instructions on how to request the next level of appeal. Information is also below.

### How to ask for an Independent Medical Review

You can ask for an Independent Medical Review (IMR) for Medi-Cal covered services and items (not including In-Home Supportive Services). In most cases, you must file a Level 1 Appeal with {health plan name} before requesting an IMR. You cannot ask for an IMR if you have already had a State Fair Hearing on the same issue.

**Step 1:** You or your representative must ask for an IMR within **6 months** after we send you a written decision. If you need help, you can call the Help Center at 1-888-466-2219. TDD users should call 1-877-688-9891.

**Step 2:** Fill out the online Complaint/Independent Medical Review (IMR) Application Form available at [http://www.dmhc.ca.gov/dmhc\\_consumer/pc/pc\\_forms.aspx](http://www.dmhc.ca.gov/dmhc_consumer/pc/pc_forms.aspx). Or you can fill out the hard copy IMR application form that is included with this notice and sent it to:

Help Center  
Department of Managed Health Care  
980 Ninth Street, Suite 500  
Sacramento, CA 95814-2725  
FAX: 916-255-5241

If you choose to do so, you may attach copies of letters or other documents about the service or item that was denied. If you do, send copies of documents, not originals. The Help Center cannot return any documents.

### **What happens next?**

Doctors who are not part of {health plan name} will review your case. The Department of Managed Health Care will send you a letter explaining the decision. If you do not agree with the decision, you can ask for a State Fair Hearing.

### **How to ask for a State Fair Hearing**

You have the right to ask for a State Fair Hearing for Medi-Cal covered services and items without asking us (health plan) to review our decision first. Please note that if you have had a State Fair Hearing, you will not be able to ask for an Independent Medical Review.

**Step 1:** You or your representative must ask for a State Fair Hearing within **90 days** of the date of this notice. Fill out the “Form to File a State Hearing” that is included with this notice. Make sure you include all of the requested information.

**Step 2:** Send your completed form to:

California Department of Social Services  
State Hearings Division  
P.O. Box 944243, Mail Station 9-17-37  
Sacramento, CA 94244-2430  
FAX: 916-651-5210 or 916-651-2789

You can also request a State Fair Hearing by calling 1-800-952-5253 (TDD: 1-800-952-8349). If you decide to make a request by phone, you should be aware that the phone lines are very busy.

### **What happens next?**

The State will hold a hearing. You may attend the hearing in person or by phone. You’ll be asked to tell the State why you disagree with our decision. You can ask a friend, relative, advocate, provider, or lawyer to help you. You’ll get a written decision that will explain if you have additional appeal rights.

[A copy of this notice has been sent to:]

## Get help & more information

- Call {health plan name} at {phone number}, {insert plan hours of operation}. TTY users call {phone number}.
- Call **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call 1-877-486-2048.
- Call the **Medicare Rights Center** at 1-888-HMO-9050.
- Call the **Cal MediConnect Ombuds Program** for free help. The Cal MediConnect Ombuds Program helps people enrolled in Cal MediConnect with service or billing problems. The phone number is 1-855-501-3077.
- Call the **Health Insurance Counseling and Advocacy Program (HICAP)** for free help. HICAP is an independent organization. It is not connected with this plan. The phone number is {insert local HICAP number}.
- If this notice is about your In-Home Supportive Services (IHSS) benefits, call your **local county social services office** for help. The phone number is {insert local county social services number}.
- Talk to **your doctor or other provider**. Your doctor or other provider can ask for a coverage decision or appeal on your behalf.
- You can also see **Chapter 9 of the Member Handbook** for information about how to make an appeal.