



LETTER OF ADVERSE BENEFIT DETERMINATION

HealthWest

Adverse Benefit Determination is a decision made by a health plan that:

- denies a request for a service(s);
- denies payment;
- reduces or stops a benefit; or
- does not provide services in time

Appeal is a request you can make to ask that a decision that you do not agree with is looked at again.

Important: The letter explains your Appeal rights. Read this letter carefully. If you need help with this letter or disagree with the decision that was made, you can call one of the numbers listed on the last page under "Get help & more information".

Provided/Mailed Date

Member ID:

Name:

Beneficiary ID:

This is to tell you about our decision:

Effective:

This decision is based on the following:

There is a law [42 CFR §440.230(d)] that allows us to place appropriate limits on service requests based on the reason for the medical need.

You can share a copy of this letter with your provider so you and your provider can discuss next steps. If your provider asked for these services to be provided to you, we have sent a copy of this letter to your provider.

If you do not agree with our decision, you have the right to an Appeal.

You must ask Lakeshore Regional Entity for an appeal within **60 days** of the date of this letter. You can name a relative, friend, attorney, provider, or another person to speak for you with your permission. If you already have a person approved to make legal health care decisions for you, you do not have to do anything else. The Appeal can be requested either verbally or in writing.

There are two (2) types of Appeals:

Standard Appeal:

You will be provided with a written decision on a Standard Appeal within **30 days** after your Appeal is received. Our decision might take longer than 30 days if you ask for more time, or if we need more information about your case. We will tell you if we are taking extra time and we will explain why more time is needed.

Lakeshore Regional Entity

Attn: Customer Services Manager

5000 Hakes Drive Suite 250 Norton Shores, MI 49441

Phone Number: 1-800-897-3301

TTY: 711

Fax Number: (231)-769-2071

Fast Appeal:

You will be provided with a decision on a Fast Appeal within **72 hours** after your Appeal is received. You or your provider can ask for a Fast Appeal if you or your provider believe your health could be seriously harmed by waiting up to 30 days for a decision. Lakeshore Regional Entity will decide if your request is considered a Fast Appeal. If you are not provided a Fast Appeal, you will be called as soon as possible to tell you and then you will be given a decision within **30 days**. To ask for a Fast Appeal, you must call: **1-800-897-3301 TTY: 711** right away.

Next steps if you want to file an appeal:

When asking for an appeal, you must tell us the following:

- Your Name.
- Your Address.
- Your Member Number.
- Your Reason for the Appeal.
- Whether you want a Standard or Fast Appeal.
- If you want someone to speak for you. Both you and the person you want to speak for you must sign and date a letter saying this is what you want.
- Any proof you want us to review, such as medical records, letters from your providers, or other information that explains why you need the item or service. [Note: There is a limited time available if you are asking for a Fast Appeal].
- If your services were stopped or reduced, if you want your services to continue.

If you would like to continue the services that you are currently receiving, you must follow the below:

If you ask for an Appeal within **10 days** of this letter, in some cases, you may continue to receive your services while your Appeal is being looked at. Your request to continue services can be sent at the same time with your Appeal request.

If your services are continued during your Appeal, you can keep getting the service(s) until one of the following happens: 1) you cancel the Appeal; or 2) all individuals that receive and review your Appeal decide to say "no" to your request; or 3) the original approval request for your services has ended. You may be asked to pay for some of the services you received during the Appeal process if the Appeal is not approved. This is not always the case, but if you need to pay, you will be notified of the amount.

Access to Documents:

You and/or your approved individual are allowed access to and a free copy of all documents that relate to your appeal any time before or during the appeal. You can ask for these documents either by requesting in writing or by calling Customer Services as the number below or if you have any questions or concerns about this decision.

What happens next:

- If you ask for an Appeal, Lakeshore Regional Entity will review information about the Appeal request and send you a letter with the decision. If Lakeshore Regional Entity does not support your Appeal, the letter will explain why Lakeshore Regional Entity did not approve your request.
- You can ask for a Medicaid State Fair Hearing. The State Fair Hearing process can only be used after Lakeshore Regional Entity does not approve your Appeal. The letter that will be sent to you will give you more information about the State Fair Hearings process and how to file the request.
- If Lakeshore Regional Entity approves your Appeal, you will receive a letter that explains the steps you and Lakeshore Regional Entity will follow to approve the services that are now allowed.
- If you do not receive a letter or decision about your Appeal within **30 days** of the Standard Appeal **or 72 hours** of your Fast Appeal, your appeal is considered finished, and you may file a State Fair Hearing with the Michigan Office of Administrative Hearings and Rules (MOAHR). Please call us to get this information.

Get Help & More Information

If you need help or additional information about the decision and the Internal Appeal process, call

HealthWest Customer Service Department

Phone: (231) 720-3201

TTY: 711

Our hours of operation are Monday – Thursday: 8:00 AM – 7:00 PM, Friday: 8:00 AM – 5:00 PM, Saturday: 8:00 AM – 12:00 PM

You can also visit our website at <https://healthwest.net/>

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).

The legal basis for this decision is 42 CFR 440.230(d), Michigan's Mental Health Code, Public Act 258, and/or applicable policy found in the Medicaid Provider Manual, Mental Health and Substance Abuse Services. These provide the basic legal authority for us to place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures.

Section 1557 of the Patient Protection and Affordable Care Act prohibits discrimination based on race, color, national origin, sex, age, or disability.

- English:** If you speak English, language assistance is available for free. In addition, due to special needs, you have the right to receive information in different formats, such as audio, Braille or large print, at no additional cost. Call 1-800-897-3301 (Michigan Relay TTY: 7-1-1)
- Albanian:** Nëse flisni shqip, shërbimet e asistencës gjuhësore janë në dispozicion për ju pa pagesë. Gjithashtu, ju keni të drejtë të merrni informacion në një format tjetër, si audio, Braille ose font të madh, për shkak të nevojave të veçanta pa kosto shtesë. Telefononi 1-800-897-3301 (Michigan Relay TTY: 7-1-1)
- Arabic:** إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. كما يحق لك تلقي المعلومات بتنسيق مختلف، مثل الصوت أو طريقة برايل أو الخط الكبير، بسبب احتياجاتك الخاصة دون أي تكلفة إضافية. اتصل على الرقم 1-800-897-3301 (Michigan Relay TTY: 7-1-1)
(ميشيغان ريلاي تي تي واي TTY: 7-1-1)
- Bengali:** আপনি যদি বাংলা বলেন, তাহলে বিনামূল্যে ভাষা উপলব্ধ আছে। এছাড়াও, প্রয়োজনের কারণে, আপনার বিশেষ খরচ ছাড়াই অডিও, ব্রেইল বা বড় অক্ষরের মুদ্রের মতো বিভিন্ন বিন্যাসে তথ্য রয়েছে।
1-800-897-3301 (Michigan Relay TTY: 7-1-1)
নম্বরে ফোন করুন (মিশিগান রিলে টিটিওয়াই: 7-1-1)
- Chinese:** 如果您會說中文，可以免費獲得語言說明。此外，由於特殊需要，您有權免費接收不同格式的資訊，例如音訊、盲文或大字體。致電 1-800-897-3301 (Michigan Relay TTY: 7-1-1)
(密歇根州中繼 TTY7-1-1)

- German:** Wenn Sie Deutsch sprechen, steht Ihnen der Sprachassistentendienst kostenlos zur Verfügung. Aufgrund Ihrer besonderen Bedürfnisse können Sie Informationen auch in einem anderen Format erhalten, z. B. als Audio, in Blindenschrift oder in Großdruck, ohne dass zusätzliche Kosten entstehen. Rufen Sie an 1-800-897-3301 (Michigan Relay TTY: 7-1-1)
- Italian:** Se parli italiano, i servizi di assistenza linguistica sono disponibili gratuitamente. Puoi anche ricevere informazioni in un formato diverso, come audio, Braille o caratteri grandi, in base alle tue esigenze speciali, senza costi aggiuntivi. Chiama 1-800-897-3301 (Michigan Relay TTY: 7-1-1)
(Servizio di trasmissione telefonica per non udenti del Michigan TTY: 711).
- Japanese:** 日本語を話せる方は、言語支援サービスを無料でご利用いただけます。また、特別なニーズに応じて、音声、点字、拡大文字などの異なる形式で情報を受け取ることもできます。追加料金はかかりません。ミシガンリレー
1-800-897-3301 TTY: 7-1-1
(ミシガン州リレーサービス TTY: 711)
- Korean:** 한국어를 구사하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 특별한 요구 사항에 따라 오디오, 점자 또는 대형 인쇄와 같은 다른 형식으로 정보를 추가 비용 없이 받을 수도 있습니다.
1-800-897-3301 (Michigan Relay TTY: 7-1-1)
(미시간 릴레이 TTY: 711)

Polish: Jeśli mówisz po polsku, usługi pomocy językowej są dostępne bezpłatnie. Możesz również otrzymać informacje w innym formacie, takim jak audio, brajl lub duży druk, ze względu na Twoje szczególne potrzeby bez dodatkowych kosztów. Zadzwoń 1-800-897-3301 (Michigan Relay TTY: 7-1-1)

Russian: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Вы также можете получить информацию в другом формате, например, аудио, шрифтом Брайля или крупным шрифтом, в соответствии с вашими особыми потребностями без дополнительной платы. Позвоните 1-800-897-3301 (Michigan Relay TTY: 7-1-1)
(Служба ретрансляции звонков штата Мичиган TTY: 7-1-1)

Croatian: Ако говорите српско-хрватски, услуге језичке помоћи доступне су вам бесплатно. Такође можете добити информације у другом формату, као што су аудио, Брајево писмо или крупно писмо, због својих посебних потреба без додатних трошкова. Позовите 1-800-897-3301 (Michigan Relay TTY: 7-1-1)

Spanish: Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También puede recibir información en un formato diferente, como audio, Braille o letra grande, según sus necesidades especiales, sin costo adicional. Llame al 1-800-897-3301 (TTY de Michigan Relay: 7-1-1)
(Servicio de retransmisión de Michigan TTY: 711)

Syriac/Latin: Ita d'netqor syriaque, hekmā d-lashon hadā b'halā b'hulkā. W'nahkit d'khanukh haqqā hadīr, 'allā d'librah hebrew mā b-inan d-bāzā d-laghan dakhlat l-noktā, keda d'ītad, b-āudiō, b'braille aw b-lārg l-nashiqā, b-la 'al qurbān. T'ala 1-800-897-3301 (Michigan Relay TTY: 7-1-1)

Filipino: Kung nagsasalita ka ng Filipino, ang mga serbisyo ng tulong sa wika ay magagamit mo nang walang bayad. Maaari ka ring makatanggap ng impormasyon sa ibang format, tulad ng audio, Braille o malaking print, dahil sa iyong mga espesyal na pangangailangan nang walang karagdagang gastos. Tumawag 1-800-897-3301 (Michigan Relay TTY: 7-1-1)

Vietnamese: Nếu bạn nói tiếng Việt, bạn sẽ được cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Bạn cũng có thể nhận thông tin ở định dạng khác, chẳng hạn như âm thanh, chữ nổi Braille hoặc chữ in lớn, tùy theo nhu cầu đặc biệt của bạn mà không mất thêm chi phí. Gọi 1-800-897-3301 (Michigan Relay TTY: 7-1-1)
(Dịch vụ chuyển tiếp cuộc gọi dành cho người khiếm thính Michigan TTY: 711)