**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 of Notice: <>** | **Member Number:<>** |
| **Member Name: <>** | |

|  |  |  |
| --- | --- | --- |
| **Your request was denied**  We’ve <denied, partially approved, stopped, reduced, suspended> the medical services/items listed below requested by you or your provider. | | |
| **Why did we deny your request?**  We <denied, partially approved, stopped, reduced, suspended>the medical services/items listed above because: | | |
|  |
|  | |

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

**You have the right to appeal** **our decision**

You have the right to ask EssentiaCare to review our decision by asking us for an appeal.

**Plan Appeal:**

Ask EssentiaCare 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 EssentiaCare” for information on how to ask for a plan level appeal.

**If you want someone else to act for you**

You can name a relative, friend, attorney, provider, or someone else to act as your representative. If you want someone else to act for you, call us at: 218-722-4915 or 1-855-432-7025 toll free, to learn how to name your representative. TTY users call 612-676-6810 or 1-800-688-2534 toll free. 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 EssentiaCare**

**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 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 provider believe your health could be seriously harmed by waiting up to **30 days** for a decision. You cannot request an expedited appeal if you are asking us to pay you back for a medical service/item you’ve already received.

**We’ll automatically give you a fast appeal if a provider asks for one for you or if your provider supports your request.** If you ask for a fast appeal without support from a provider, 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 an appeal with EssentiaCare**

**Step 1:** You, your representative, or your provider must ask us for an appeal. Your 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, providers’ letters (such as a provider’s supporting statement if you request a fast appeal), or other information that explains why you need the item or service. Call your provider 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. 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, deliver your appeal or call us.

|  |  |  |
| --- | --- | --- |
| **For a Standard Appeal:** | MailingAddress: | EssentiaCare |
|  |  | Attn: Member Appeals and Grievances |
|  |  | P.O. Box 52 |
|  |  | Minneapolis, MN 55440-0052 |
|  |  |  |
| In Person Delivery Address: | | UCare |
|  |  | 500 Stinson Boulevard NE |
|  |  | Minneapolis, MN 55413 |
|  |  |  |
|  | Phone: | 612-676-6841 or 1-877-523-1517 (toll free) |
| TTY Users Call: | | 612-676-6810 or 1-800-688-2534 (toll free) |
|  | Fax: | 612-884-2021or 1-866-283-8015 (toll free) |
|  |  |  |
| If you ask for a standard appeal by phone, we will send you a letter confirming what you told us. | | |
|  | | |
| **For a Fast Appeal:** | Phone: | 612-676-6841 or 1-877-523-1517 (toll free) |
| TTY Users Call:  Fax: | | 612-676-6810 or 1-800-688-2534 (toll free)  612-884-2021or 1-866-283-8015 (toll free) |
|  |  |  |

**What happens next?**

If you ask for an appeal and we continue to deny your request for a medical service, 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.**

**Get help & more information**

* EssentiaCare Medicare Plan Toll Free: 1-855-432-7025 TTY users call: 1-800-688-2534 toll free 24 hours, seven days a week or www.essentiacare.org
* 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call: 1-877-486-2048
* 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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