

NOTICE OF ADVERSE BENEFIT DETERMINATION

Important: This notice explains your internal appeal rights. Read this notice carefully. If you need help with this notice or asking for an appeal, you can call one of the numbers listed on page 2 under "Get help & more information."

Date: 9/15/2021

Member ID: █

Name: █

Beneficiary ID:

This is to tell you that the following action has been taken:

Denial/limit auth of requested services: All CMHOC services

The action is based on the following:

You do not meet clinical eligibility criteria for services as a person with SMI

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

If you don't agree with our action, you have the right to an Internal Appeal

You have to ask Beacon Health Options, Inc. on behalf of Community Mental Health of Ottawa County (CMHOC) for an internal appeal within 60 calendar days of the date of this notice. You, your representative or your doctor (provider) can send in your request that must include:

- Your Name
- Address
- Member number
- Reason for appealing
- Whether you want a standard or fast appeal (for an expedited or fast appeal, explain why you need one).
- 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. If you are asking for a fast appeal you will need a doctor's supporting statement. Call your doctor if you need this information.

There are 2 kinds of internal appeals:

Standard Appeal - We'll give you a written decision on a standard appeal within **30 calendar 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 calendar days**. If you want to ask for an internal appeal, you can either call or send in a written request to:

Beacon Health Options
48561 Alpha Drive, Suite 150
Wixom, MI 48393-3442
GL_Denials_Appeals@beaconhealthoptions.com
Phone: 1-800-897-3301
TTY: 711
Fax: 1-855-471-4637

Expedited or 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 doctor believe your health could be harmed by waiting up to 30 calendar days for a decision. **We'll automatically give you a fast appeal if a doctor asks for one for you or if your doctor 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 calendar days. To ask for a Fast Appeal, you must call: **1-800-897-3301, TTY 711**

Continuation of services during an Internal Appeal

If you are receiving a Michigan Medicaid service and you file your appeal within 10 calendar days of this Notice of Adverse Benefit Determination 9/25/2021, you may continue to receive your same level of services while your internal appeal is pending. You have the right to request and receive benefits while the internal appeal is pending, and should submit your request to Beacon Health Options, Inc.

Your benefits for that service will continue if you request and internal appeal within **10 calendar days** from the date of this notice or from the intended effective date of the proposed adverse action whichever is later.

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: 1-800-897-3301 to learn how to name your representative. TTY users call 711. 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.

Access to Documents

You and your authorized representative are entitled to reasonable access to and a free copy of all documents relevant to your appeal any time before or during the appeal. You must submit the request in writing.

What happens next?

- If you ask for an internal appeal and we continue to deny your request for coverage or payment of a service, we will send you a written Notice of Appeal Denial. If the service is covered by Michigan Medicaid, you can ask for a Medicaid State Fair Hearing.
- The Notice of Appeal Denial will give you additional information about the State Fair Hearings process [or Patient Right to Independent Review Act] and how to file the request.
- If you do not receive a notice or decision about your internal appeal within the timeframes listed above, you may also seek a State Fair Hearing with the Michigan Administrative Hearing System.

Get help & more information

- CMHOC: If you need help or additional information about our decision and the internal appeal process, call Member Services at: 616-494-5545 (TTY: 616-494-5508), Monday through Friday, 9am to 5pm. You can also visit our website at www.miottawa.org/cmh.
- Michigan Department of Health and Human Services (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).

This notice was provided to [REDACTED] on 9/15/2021 via mail

Electronically Signed by: [REDACTED] Unknown Credentials

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.



LOCAL DISPUTE RESOLUTION PROCESS

Date: 9/15/2021

Member ID: [REDACTED]

Name: [REDACTED]

The Local Dispute Resolution Process is for people who are NOT covered by Medicaid

This is to tell you that the following action has been taken:

Denial/limit auth of requested services: All CMHOC services

The action is based on the following:

You do not meet clinical eligibility criteria for services as a person with SMI

If you don't agree with our action, you have the right to access the Local Dispute Resolution Process

You have to ask Community Mental Health of Ottawa County (CMHOC) for a local dispute resolution within 30 calendar days of the date of this notice. A resolution will be provided to you within 45 calendar days. If you believe waiting the standard timeframe for the appeal to be resolved could seriously jeopardize your life or health or ability to attain, maintain or regain maximum function, you can ask for an expedited or faster local dispute resolution. To request a local dispute resolution contact:

Community Mental Health of Ottawa County

Attn: Anna Bednarek

12265 James Street

Holland, MI 49424

Phone: 616-494-5545

TTY: 616-494-5508

This notice was provided to [REDACTED] on 9/15/2021 via mail

Electronically Signed by: [REDACTED] Unknown Credentials



Non-Discrimination and Accessibility Notice

Community Mental Health of Ottawa County (CMHOC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CMHOC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CMHOC provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 866-710-7378.

If you believe CMHOC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Customer Services Department:

Community Mental Health of Ottawa County
Customer Services Department
12265 James Street
Holland, MI 49424
866-710-7378
616-393-5687
cmhcustomerservices@miottawa.org

You can file a grievance by mail, fax or email. If you need help in filing a grievance, our Complaints and Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.