[Instructions for Health Plan: (Do not include bracketed instructions in letters to members.)

Document Title: Appeal Acknowledgement Letter Template

Health plans are required to send acknowledgement of receipt letters when they receive an appeal from a member. To comply with 42 CFR § 438.406, DHS requires health plans to include the following language in their notice to members acknowledging receipt of the member’s appeal.

**How to use this notice template**

* Health plans may modify the format of this letter as needed to ensure readability and accessibility for members. However, all information must remain in the letter unless otherwise noted in these instructions.
* Under the section **Your appeal rights,** the health plan may modify the Grievance and Appeal Committee language to align with internal processes. The default text reads, “we will schedule a meeting with you and our Grievance and Appeal Committee.” Some health plans automatically schedule committee meetings for members, while others will only schedule if a member requests a meeting.

If this text is changed for the latter situation, the resulting letter must:

* + Make clear that members have the option to request a meeting.
  + Provide the process for requesting a meeting.
* The health plan should include a copy of the Wisconsin Division of Hearings and Appeal (DHA) fair hearing request form with the letter to the member. Find PDFs of this form on the [Wisconsin DHA “Requesting a Hearing” webpage](https://doa.wi.gov/DHA/WFSHrgReqForm.pdf).]

# **We Received Your Request for an Appeal**

<Mailing Date>

|  |  |
| --- | --- |
| <Member’s Name> | <Member MA ID Number> |
| <Member/Authorized Representative’s Address> |  |

Dear <First Name.> <Last Name>,

<Health Plan name> received your request for an appeal on *<*date – use date of receipt of oral, mailed, or faxed request*>*. **We have up to 30 calendar days to make a decision.** We will send it to you by <date the health plan received the appeal + 30 calendar days>. If we need more than 30 days, we will let you know in writing.

If our Grievance and Appeal Committee denies your appeal, you can ask for a state fair hearing with the Wisconsin Division of Hearing and Appeals. We will send you a letter about the appeal decision and how to ask for a state fair hearing. **You must appeal to us and finish the appeal process with us before asking for a state fair hearing.**

If we do not give you a decision by <date the health plan received the appeal + 30 calendar days> or you do not get a notice saying we need more time, you can also request a state fair hearing.

## **Your appeal rights**

When you appeal, we will schedule a meeting with you and our Grievance and Appeal Committee. You can call in to this meeting or join in person. You can have someone represent you at the appeal meeting if you want. This can be anyone you choose, including an attorney. You can also bring a friend or family member. You can also bring new evidence and witnesses to this meeting.

You can get a free copy of all the paperwork related to our decision. This includes any medical information and policies that we needed for the decision. You can get this information even if you don’t appeal. If you appeal, you can get a free copy of any new information we gather during your appeal.

If you appeal, your other health care benefits won’t change, and we won’t treat you different from other members.

## **Asking for more time**

We will always try to decide your appeal within 30 days of getting your appeal. Sometimes, it takes more time. If you need more time to resolve the appeal, you can ask us for a 14-day extension. If we need more time, we will call you and send you a letter to let you know we extended the appeal decision deadline. We cannot extend it more than 14 days.

## **Asking for a state fair hearing**

A state fair hearing is a chance for you to explain to an administrative law judge why you think our decision is wrong. We will also explain our reasons. The hearing may be over the phone. After the hearing, the judge will send you and us a letter with their decision.

If we do not give you a written decision on your appeal or a notice telling you we need more time by <date the HMO received the appeal + 30 calendar days>, you can ask for a state fair hearing starting on <date the HMO received the appeal + 31 calendar days>. If you ask for a state fair hearing, your other health care benefits won’t change, and we won’t treat you different from other members.

**To ask for a state fair hearing, use the form included with this letter or send a written request with your signature to the address or fax below by <date the health plan received the appeal + 30 calendar days + number of additional extension days + 90 calendar days*>*. Include a copy of this letter with your request.**

Department of Administration

Division of Hearings and Appeals

P.O. Box 7875

Madison, WI 53707-7875

Fax: 608-264-9885

If you have questions about the state fair hearing process, call the Division of Hearings and Appeals at 608-266-7709. You can also get more information at [doa.wi.gov/RequestAHearing](https://doa.wi.gov/Pages/LicensesHearings/DHAWFSRequestingaHearing.aspx) (https://doa.wi.gov/Pages/LicensesHearings/DHAWFSRequestingaHearing.aspx.)

Once you ask for a state fair hearing, the Division of Hearings and Appeals has 90 calendar days to hold your hearing and give you a written decision, unless you requested a fast appeal from us.

## **Getting help**

If you have questions, need help asking for a state fair hearing, or want records, call our member advocate at <phone number>.

To talk to someone outside of <Health Plan Name>, call the BadgerCare Plus and Medicaid SSI ombuds at 800-760-0001. An ombud is a person who helps solve problems members have with care or services they get through BadgerCare Plus and Medicaid SSI. If you are enrolled in a Medicaid SSI plan, you can also call an SSI managed care advocate at 800-928-8778 for help.

<Signature block>