[Instructions for Health Plan:

Document Title: Denial of Request for Expedited Appeal Decision Letter Template

This notice is intended to notify a member when the member has requested an expedited appeal determination and the health plan is denying that request (see Article IX or 42 CFR 438.410).

**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.]

# **Your Request for a Fast Appeal Decision Has Been Denied**

<Mailing Date>

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

Dear <First Name> <Last Name>,

On <insert date>, you asked <Health Plan Name> for a faster decision on your appeal. An appeal decision can be sped up (also called fast) when the standard amount of time to decide could seriously harm your life, physical or mental health, or ability to get, keep, or regain maximum function.

This letter is to notify you that <Health Plan Name> will not be making a fast decision on your appeal. We will reach a decision no later than **<insert date Health Plan received appeal + 30 calendar days>.** The reason for our decision is **<**explanation of decision for the member that must include specific rationale used to make the decision>.

If you disagree with our decision, you can file a complaint called a grievance.

## **Submitting a grievance to <Health Plan Name>**

You can file a grievance by < process and/or contact person for requesting a grievance with the Health Plan>.

## **Getting help**

You can get help or ask questions about the grievance process by calling the <Health Plan Name> 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>