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

Document Title: Notice of Extension of Time to Decide an Appeal Letter Template

Health plans are required to notify members when they determine that they need more than the standard amount of time (30 calendar days) to make a decision on 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.
* When sending this notice, health plans should include **Option 1** when the health plan is requesting additional time or **Option 2** when the member is requesting additional time.
* Only include the **Continuing your services during a state fair hearing** section if the member had requested benefits continue during the appeal.
* The health plan should include a copy of the Wisconsin Division of Hearings and Appeals (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/Pages/LicensesHearings/DHAWFSRequestingaHearing.aspx).]

# **More Time Is Needed to Make a Decision on Your Appeal**

<Mailing Date>

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

Dear <First Name.> <Last Name>,

**New decision deadline:**

<**date the health plan received the appeal + 30 calendar days + up to 14 extension days**>

[Option 1. Health plan requests additional time]

On <date>, we contacted you because we need more time to review your appeal of our decision to <adverse benefit determination>.

[Option 2. Member requests additional time]

On <date>, you contacted <Health Plan Name> to ask for more time before we decide on your appeal of <adverse benefit determination>. We have extended the deadline for a decision on this appeal by <XX days – no more than 14 days>.

**Actions you can take**

If you do not agree with the extended deadline, you can file a formal complaint called a grievance.

If you do not get our decision on your appeal by <**date the health plan received the appeal + 30 calendar days + up to 14 extension days**>, you can ask for a state fair hearing. If you request a state fair hearing, your health care benefits will not be affected, and you will not be treated differently than other members.

**Sending a grievance to <HMO name>**

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

**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. The hearing may be over the phone. You can be represented at the hearing, and you can bring a friend or family member. You can also to bring witnesses and send new evidence for the judge to consider when reviewing your case. The judge will hear from you and us before they decide. After the hearing, the judge will send you and us a letter with their decision.

**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.

## **Your state fair hearing rights**

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.

## **Continuing your services during a state fair hearing**

You can ask to keep getting <insert service or benefit in question> until a decision has been made on the state fair hearing. **You must send a request for a state fair hearing to the Division of Hearings and Appeals and also ask them to continue your benefits by <insert appropriate date – 10 calendar days from the mailing date or the intended effective date, whichever is later>.**

If the administrative law judge decides that <Health Plan Name>’s Grievance and Appeal Committee is correct, you may need to repay the cost of the services you received while your appeal was being processed.

## **Getting help**

If you have questions, need help filing a grievance, 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>