Medica Benefit Review

**Medica Advantage Solution® H3632-001 (PPO) Appeal Form**

In order for Medica to initiate a benefit review for health services you believe should be covered under your Evidence of Coverage/Policy, please complete this form and return to Medica as soon as possible.

**Member Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service that was denied: \_\_\_\_\_\_\_\_**\_\_\_\_**\_\_**\_\_\_\_\_**\_\_\_\_\_\_\_ Date service was received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_**\_\_\_\_\_\_\_\_\_\_\_\_**\_\_**\_ Date Medica denied the service: \_\_\_**\_\_\_\_**\_\_\_\_\_\_**

Please give an explanation as to why you believe the denial is incorrect:

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Medicare Regulation 42CFR422.582 states that a benefit review request must be made within 60 days of the receipt of a denial letter. If your request is **beyond the allowed 60-day period,** please explain the reason for the delay in contacting Medica:

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Medica and Medicare may require your medical records in order to conduct a medical review of the denial. **Please be aware that we may contact your Medica provider(s) and request medical records pertinent to this review.**

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attorney-in-fact, conservator or guardian. Proof of Authorization must be attached)

The Medica Appeal Process

**Medica Advantage Solution® H3632-001 (PPO)**

Medica has an appeal process in place to review situations in which you have received a denial of benefits, denial of payment or reduction in service. This appeal process is designed to determine whether the original decision made by Medica was the appropriate one. We want to make sure this process is fair and easy to understand. We encourage you to contact Medica and speak with our Health Plan Specialists who will answer your questions and provide additional understanding.

For more information regarding appeals, please call 1-866-398-7374 TTY users may call 711. When you call from **October 1st – March 31st,** we’re open between 8 a.m. and 8 p.m., CST, seven days a week.  You will talk to representative.  From **April 1st – September 30th**, call us 8 a.m. to 8 p.m. Monday through Friday to speak with a representative.  On Saturdays, Sundays and holidays, you can leave a voicemail message which will be returned within one business day. You may write us at:

Medica Customer Service

Route CP520

P.O. Box 9310

Minneapolis MN 55440-9310

Please refer to the section of your Evidence of Coverage titled *What to do if you have a problem or complaint (coverage decisions, appeals, complaint)* for additional information.

**To request an appeal regarding your Part C Medical Care and Services**

You must submit a written request for an appeal within 60 days from the date of the notice of the organizational determination. You may submit your request either by letter or Medica’s appeal forms; you will receive a written acknowledgement from a Consumer Affairs Advisor within 5 calendar days of receiving your request for an appeal. Your case will be reviewed to determine if the original denial was appropriate. If the appeal is regarding a denial of payment, you will receive a written determination within 60 calendar days of Medica’s receipt of your request. If the appeal is regarding a denial of medical care/service, you will receive a written determination within 30 calendar days of Medica’s receipt of your request. If Medica decides to uphold the original decision, we will automatically forward the entire file to MAXIMUS Federal Services for a new and impartial review. MAXIMUS will either uphold our decision or issue a new decision. If we forward the case to MAXIMUS, we will notify you of our decision as discussed above. For cases submitted for review, MAXIMUS will make a reconsideration and notify you in writing of their decision and the reasons for the decision within 60 days for a denied request for payment, or within 30 days for a denied request for medical care.

**To request an appeal regarding your Part D Prescription Drugs and Services**

You must submit a written request for an appeal within 60 days from the date of the notice of the organizational determination. You may submit your request either by letter or Medica’s appeal forms. Your case will be reviewed to determine if the original denial was appropriate. We will send a written determination within 7 calendar days of Medica’s receipt of your request. If Medica decides to uphold the original decision, you may file an appeal to MAXIMUS for a new and impartial review. MAXIMUS will either uphold our decision or issue a new decision.

**For Part C and/or Part D appeals, you may also want to contact one of the following agencies for assistance:**

You can have a family member, friend, or someone help you file an appeal. That individual must be your appointed representative. Contact Customer Service to learn how to name an appointed representative.

* Iowa residents can contact: Iowa Senior Health Insurance Information Program (SHIIP) at

1-800-351-4664.

* Nebraska residents can contact: Nebraska Senior Health Insurance Program (SHIIP) at

1-877-234-7119.

