



Current Status: Active

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Origination: 05/2017
Last Approved: 05/2017
Last Revised: 05/2017
Next Review: 05/2018
Owner: Dorian Johnson
Policy Area: Customer Service
References: [NCQA UM7](#), [UM8](#), [UM9 RR2](#)

Acknowledgement of Member Appeal Request - Medicaid - SMI, SED, IDD, SUD - Stub

POLICY

The Member Acknowledgment of Appeal Request - Medicaid - SMI, SED, IDD, SUD - Stub is a shared form used by both UM and Customer Service.

PURPOSE

The purpose of this policy is to create a stub policy to ensure proper revision tracking of this shared form that is used on multiple policies

APPLICATION

1. Utilization Management
2. Customer Service

STANDARDS

1. This Stub Policy will be the place holder for the Form.
2. Any changes or revision to the Form must be made using this Stub Policy.
3. Any changes or revision will need to be communicated to UM, Customer Service and PCE.

RELATED POLICIES

1. Customer Service (CS) Enrollee/Member Appeals
2. Utilization Management Appeals Policy
3. Denial of Service Policy

RELATED DEPARTMENTS

1. Customer Service
2. Utilization Management
3. Information Technology

INTERNAL/EXTERNAL POLICY

INTERNAL

Attachments:

[Acknowledgement of Enrollee-Member Appeal Request Form For Medicaid Services.doc](#)

Approval Signatures

| Approver | Date |
|--|---------|
| Allison Smith: Project Manager, PMP | 05/2017 |
| Maha Sulaiman | 05/2017 |
| Maha Sulaiman | 05/2017 |
| Tasha Bridges: UM Appeals Coordinator | 05/2017 |
| Michele Vasconcellos: Director, Customer Service | 05/2017 |
| dorian Reed | 05/2017 |

COPY



Detroit Wayne Mental Health Authority (DWMHA)
707 West Milwaukee Street
Detroit, Michigan 48202

ACKNOWLEDGEMENT OF ENROLLEE/MEMBER APPEAL REQUEST FOR MEDICAID SERVICES

Date

Enrollee/Member Name
Address
City, State, Zip

Re: Enrollee/Member's Name: _____
Medicaid ID No: _____
MHWIN ID No: _____

Dear _____:

We received your First Level Appeal request on <insert date>.

- A resolution will be rendered within 72 hours of receipt of the expedited pre-service 1st level appeal request.
- A resolution will be rendered within 30 calendar days of receipt of the standard pre-service 1st level appeal request.
- A resolution will be rendered within 30 calendar days of receipt of the post-service (retrospective) 1st level appeal request.
- A resolution will be rendered within 30 calendar days of receipt of the pre-service 1st level appeal request as your request for an expedited resolution has been DENIED.

Sincerely,

<Name of Responsible Party>
<Title>

Revised 12.1.16