1. You think we cover a medical service or other supports and services you need but are not getting.

   What you can do: You can ask us to make a coverage decision. Refer to Section E2 on page 156 for information on asking for a coverage decision.

2. We did not approve care your provider wants to give you, and you think we should have.

   What you can do: You can appeal our decision to not approve the care. Refer to Section E3 on page 159 for information on making an appeal.

3. You got services or items that you think we cover, but we will not pay.

   What you can do: You can appeal our decision not to pay. Refer to Section E3 on page 159 for information on making an appeal.

4. You got and paid for services or items you thought were covered, and you want us to reimburse you for the services or items.

   What you can do: You can ask us to pay you back. Refer to Section E5 on page 169 for information on asking us for payment.

5. We reduced or stopped your coverage for a certain service, and you disagree with our decision.

   What you can do: You can appeal our decision to reduce or stop the service. Refer to Section E3 on page 159 for information on making an appeal.

   NOTE: If the coverage that will be stopped is for hospital care, home health care, skilled nursing facility care, or Comprehensive Outpatient Rehabilitation Facility (CORF) services, special rules apply. Read Sections G or H on pages 182 and 188 to find out more.

E2. Asking for a coverage decision

How to ask for a coverage decision to get medical care or long term supports and services (LTSS)

To ask for a coverage decision, call or write us, or ask your representative or doctor to ask us for a decision.

- You can call us at: 1-888-654-0706, TTY: 711
- You can write to us at: HAP Empowered MI Health Link
  PO Box 2578
  Detroit, MI 48202

NOTE: Your Prepaid Inpatient Health Plan (PIHP) will make coverage decisions for behavioral health, intellectual/developmental disability, and substance use disorder services and supports. Contact your PIHP for more information.

- Detroit Wayne Mental Health Authority 1-800-241-4949, TTY: 1-800-630-1044, 24 hours a day, seven days a week.
- Macomb County Community Mental Health 1-855-996-2264, TTY: 711, 24 hours a day, seven days a week.

How long does it take to get a coverage decision?

It usually takes up to 14 calendar days after you, your representative, or your provider asked unless your request is for a Medicare Part B prescription drug. If your request is for a Medicare Part B prescription drug, we will give you a decision no more than 72 hours after we receive your request. If we don't give you our decision within 14 calendar days (or 72 hours for a Medicare Part B prescription drug), you can appeal.

Sometimes we need more time, and we will send you a letter telling you that we need to take up to 14 more calendar days. The letter will explain why more time is needed. We can't take extra time to give you a decision if your request is for a Medicare Part B prescription drug.

Can I get a coverage decision faster?

Yes. If you need a response faster because of your health, ask us to make a "fast coverage decision." If we approve the request, we will notify you of our decision within 72 hours (or within 24 hours for a Medicare Part B prescription drug).

However, sometimes we need more time, and we will send you a letter telling you that we need to take up to 14 more calendar days. The letter will explain why more time is needed. We can't take extra time to give you a decision if your request is for a Medicare Part B prescription drug.

> **The legal term** for "fast coverage decision" is **"expedited determination."**

Asking for a fast coverage decision:

- If you request a fast coverage decision, start by calling or faxing our plan to ask us to cover the care you want.
- You can call us at 1-888-654-0706 or fax us at 1-248-663-3771. For details on how to contact us, refer to Chapter 2.
- You can also have your doctor or your representative call us.

Here are the rules for asking for a fast coverage decision:

You must meet the following two requirements to get a fast coverage decision:

1. You can get a fast coverage decision only if you are asking about coverage for services or items you have not yet received. (You cannot ask for a fast coverage decision if your request is about payment for medical care or an item you already got.)

2. You can get a fast coverage decision only if the standard 14 calendar day deadline (or the 72-hour deadline for Medicare Part B prescription drugs) could cause serious harm to your health or hurt your ability to function.

    - If your provider says that you need a fast coverage decision, we will automatically give you one.

    - If you ask for a fast coverage decision without your provider's support, we will decide if you get a fast coverage decision.

        - If we decide that your condition does not meet the requirements for a fast coverage decision, we will send you a letter. We will also use the standard 14 calendar day deadline (or the 72-hour deadline for Medicare Part B prescription drugs) instead.

        - This letter will tell you that if your provider asks for the fast coverage decision, we will automatically give a fast coverage decision.

        - The letter will also tell how you can file a "fast complaint" about our decision to give you a standard coverage decision instead of a fast coverage decision. For more information about the process for making complaints, including fast complaints, refer to Section J on page 196.

How will I find out the plan's answer about my coverage decision*?*

We will send you a letter telling you whether or not we approved coverage.

If the coverage decision is No, how will I find out?

If the answer is **No**, we will send you a letter telling you our reasons for saying **No**.

- If we say **No**, you have the right to ask us to change this decision by making an appeal. Making an appeal means asking us to review our decision to deny coverage.

- If you decide to make an appeal, it means you are going on to the Internal Appeals process (read the next section for more information).