

# MODEL MMC/MLTC COMPLAINT APPEAL RESOLUTION NOTICE (Revised 7/25)

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[MCO/MLTC UR AGENT/BENEFIT MANAGER DUAL LETTERHEAD]

[MCO/MLTC NAME] [UR AGENT/BENEFIT MANAGER NAME]

[Address]

[Phone]

## COMPLAINT APPEAL RESOLUTION NOTICE

[Date]

[Enrollee]

[Address]

[City, State Zip]

Enrollee ID: [ID number or CIN]

{insert if complaint is regarding a provider} Provider: [Provider]

Plan Reference Number: [plan reference number]

Dear [Enrollee]:

You are getting this notice because you asked for a Complaint Appeal on [Date of complaint appeal] about [Insert nature of complaint]. [Insert summary of complaint appeal].

[Plan/UR Agent Name] has reviewed your Complaint Appeal and all information provided.

[Insert resolution of complaint appeal and detailed reason for appeal determination without releasing protected peer review information, including, if applicable, the clinical rationale (which must include the basis for the determination demonstrating review of enrollee specific clinical information, and be sufficiently specific to enable the enrollee to determine the basis for appeal) OR a written statement that not enough information was presented or available to reach a determination]

[Insert any action the MCO/UR Agent will take in response to the complaint appeal.]

{Insert as applicable} [If the plan offers a second level complaint appeal, describe the right and the process for requesting the appeal here. Information must be clear, concise, and at a fourth to sixth grade reading level.]

### Other Help:

You can file a complaint about your managed care at any time with the New York State Department of Health by calling {for MMC} [1-800-206-8125] {or for MLTC} [1-866-712-7197].

{Insert for all MLTCP/MAP/HARP; Insert for MA/MMC/HIV SNP only when services are LTSS or Delete}

[You can also call the Independent Consumer Advocacy Network (ICAN) to get free, independent advice about your coverage, complaints, and appeals' options. They can help you manage the appeal process. Contact ICAN to learn more about their services:

Independent Consumer Advocacy Network (ICAN)  
Community Service Society of New York

633 Third Ave, 10<sup>th</sup> Floor  
New York, NY 10017  
Phone: 1-844-614-8800 (TTY Relay Service: 711)  
Web: [www.icannys.org](http://www.icannys.org) | Email: [ican@cssny.org](mailto:ican@cssny.org)

{Insert for MA/MMC/HIV-SNP for non-LTSS Services or Delete} [For advice about your coverage or help filing a complaint or appeal, you can contact Community Health Advocates (CHA) at:

Community Health Advocates (CHA)  
Community Service Society of New York  
633 Third Ave, 10<sup>th</sup> Floor  
New York, NY 10017

**Phone:** 1-888-614-5400 (TTY Relay Service: 711)

**Web:** [www.communityhealthadvocates.org](http://www.communityhealthadvocates.org) | **Email:** [cha@cssny.org](mailto:cha@cssny.org)

Are you having trouble getting the substance use disorder or mental health services that you need? The Community Health Access to Addiction and Mental healthcare Project (CHAMP) is an ombudsman program that can help you with insurance rights and getting coverage for your care. CHAMP can help! Contact:

Community Health Access to Addiction and Mental Healthcare Project (CHAMP)  
Community Service Society of New York  
633 Third Ave, 10<sup>th</sup> Floor  
New York, NY 10017

**Phone:** 1-888-614-5400 (TTY Relay Service: 711)

**Web:** <https://www.cssny.org/programs/entry/community-health-access-to-addiction-and-mental-healthcare-project-champ>

**Email:** [ombuds@oasas.ny.gov](mailto:ombuds@oasas.ny.gov)

You can call [PLAN NAME] at [1-800-MCO-PLAN] if you have any questions about this notice.

Sincerely,

MCO/UR Agent Representative

[Enclosure: [Insert titles of any additional documents included]]

{insert as applicable}

cc: [Enrollee Representative(s)]

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call <toll free number> <TTY/TDD>.	English
ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al <toll free number> <TTY/TDD>.	Spanish
请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 <toll free number> <TTY/TDD>。	Chinese
ملاحظة: خدمات المساعدة اللغوية والمساعدات الأخرى المجانية متاحة لك. اتصل بالرقم <toll free number> <TTY/TDD>.	Arabic
주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다. <toll free number> <TTY/TDD> 번으로 연락해 주십시오.	Korean
ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие виды помощи. Звоните по номеру <toll free number> <TTY/TDD>.	Russian
ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti. Chiamare il <toll free number> <TTY/TDD>.	Italian
ATTENTION : Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le <toll free number> <TTY/TDD>.	French
ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou. Rele <toll free number> <TTY/TDD>.	French Creole
אכטונג: שפראך הילף סערוויסעס און אנדערע הילף, זענען אוועלעבל פאר אייך אומזיסט. רופט <toll free number> <TTY/TDD>.	Yiddish
UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń: <toll free number> <TTY/TDD>.	Polish
ATENSYON: Available ang mga serbisyonang tulong sa wika at iba pang tulong nang libre. Tumawag sa <toll free number/TTY/TDD>.	Tagalog
মনোযোগ নামূল্যে ভাষা সহায়তা পরিষেবা এবং অন্যান্য সাহায্য আপনার জন্য উপলব্ধ। <toll free number> <TTY/TDD>-এ ফোন করুন।	Bengali
VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe ndihma të tjera falas. Telefononi <toll free number> <TTY/TDD>.	Albanian
ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα είναι στη διάθεσή σας, δωρεάν. Καλέστε στο <toll free number> <TTY/TDD>.	Greek
توجہ فرمائیں: زبان میں معاونت کی خدمات اور دیگر معاونتیں آپ کے لیے بلا معاوضہ دستیاب ہیں۔ کال کریں <toll free number> <TTY/TDD>.	Urdu