

**MODEL MLTC/MMC EXTENSION NOTICE (Revised 7/25)  
FOR SERVICE AUTHORIZATION REQUESTS OR APPEALS**

Template begins below this line

[MCO/MLTC OR DUAL LETTERHEAD FOR PLAN AND UR AGENT/BENEFIT MANAGER]  
[Plan Name] [UR Agent/Benefit Manager Name]  
[Address]  
[Phone]

**REVIEW EXTENDED**

[Date]

[Enrollee]

[Address]

[City, State Zip]

Enrollee Number: [ID number or CIN]

Coverage Type: [Insert coverage type]

Service: [describe requested or claimed service including: amount/duration/date of service]

Provider: [requesting provider]

Plan Reference Number: [plan reference number]

Dear [Enrollee]:

On [Date of Request] you [asked [Plan Name] for [service]] {or} [asked for a Plan Appeal about [service]].  
[[UR Agent Name] on behalf of] [Insert Plan Name] is reviewing your request. **You are getting this  
notice because we need more information and are extending our review until [Date].**

We feel this is best for you because: [explanation of how the delay is in the best interest of the Enrollee].

To review this request, we need the following information: [Additional information required]

If this information is not received by [Date] we will make a decision based on the information we have.

Please mail or fax the requested information to:

[Contact Name]  
[Plan/UR Agent Name]  
[Address]  
[City, State Zip]  
Fax: [1-800-MCO PLAN]

**[Insert when extension is for an appeal]** [If we do not make a decision by [EXPDate], you may ask the  
State for a Fair Hearing. You can call 1-800-342-3334 or fill out the form online at  
<http://otda.ny.gov/oah/FHReq.asp> to ask for a Fair Hearing.]

If you disagree with our decision to extend review of your [request][Plan Appeal], you or your designee  
may file a complaint by calling [1-800-MCO PLAN] or writing to [Plan/UR Agent Address]. A decision will  
be made within 45 days after receipt of all necessary information but no more than 60 days from receipt  
of the complaint.

## 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. **{Insert as applicable}** [To talk to someone at [Insert UR Agent] call [Insert UR Agent Number].]

Sincerely,

[MCO/UR AGENT/BENEFIT MANAGER Representative]

cc: Requesting Provider

**{Insert as applicable}** [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 אוועילעבל 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 serbisyong tulong sa wika at iba pang tulong nang libre. Tumawag sa <toll free number/TTY/TDD>.	Tagalog
মনোযোগ ন্যমূল্যে 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