

[FIDA PLAN NAME/LOGO]

Appeal Level: 1

NON-PARTICIPATING PROVIDER APPEAL DECISION NOTICE

Name:

Date of Notice:

Participant Number:

[Insert other identifying information, as necessary (e.g., provider name, Participant's Medicaid number, service subject to notice, date of service)]

Dear <Non-Participating Provider name> ,

<Plan name> reviewed your appeal, received on <date appeal received, orally or in writing> *[for expedited appeals insert: at <hour received>]*, about the following action: *[Insert a detailed description of the FIDA Plan action/IDT decision (e.g. denial, reduction, PCSP renewal, etc.) being appealed and the benefits involved (provide more detail than the Appeal Acknowledgement letter). Also, include the original rationale for the FIDA Plan action/IDT decision that is the basis of the appeal.]*

Level 1 Appeal decision

Your appeal was *[Insert if applicable: partially]* denied on <date of appeal decision>. That means we upheld *[Insert if applicable: part of]* the previous decision made on <date of plan decision >. We *[Insert if applicable: partially]* denied your appeal because: *[Insert specific rationale for the appeal decision, addressing each initial decision and rationale listed above. Include citations or clear references to State or Federal coverage rules and guidelines, FIDA Program coverage rules, or other clinical guidelines that were used to support the appeal decision. Describe the clinical rationale, if any, and indicate that the Non-Participating Provider, or his/her representative, if applicable, may request the relevant clinical review criteria at no cost to them.]*

[Insert the following three paragraphs for decisions that are partially favorable to the Non-Participating Provider:]

However, we decided to approve the following services: *[List the services that were approved, including any applicable information about coverage amount, duration, etc.]*

You are authorized to receive payment for these services as of <date authorized (no later than one business day after the FIDA Plan appeal decision date)>.

What this means

Because our Level 1 Appeal decision is not fully in your favor, the appeal process automatically continues. You will now begin Level 2 of the appeal process, and we are forwarding your case to the **FIDA Integrated Administrative Hearings Office (IAHO)**. The IAHO is an independent organization that is not connected to <plan name>.

You will receive a second notice to confirm that your case was forwarded to the IAHO. Someone from the IAHO will contact you to schedule a hearing regarding the following disputed services: *[List all services that are still fully or partially disputed after the Level 1 decision.]*

The IAHO will conduct the hearing and make a decision within 90 days of the date you filed your appeal. You have the right to do your hearing over the phone.

Submitting evidence

If you would like the IAHO to consider information that was not considered by <plan name>, you should submit it **as soon as possible**. We recommend that you submit the information by phone, fax, or email. You may also submit it by mail:

FIDA Integrated Administrative Hearings Office (IAHO)

Mailing Address: FIDA/IAHO-10A, P.O. Box 1930, Albany, NY 12201

Physical Address: 14 Boerum Place, 5th Floor, Brooklyn NY 11201

Phone: 1-844-523-8777

TTY Phone: Call 711, then follow the prompts to dial 844-523-8777

Fax: 518-474-8742

Email: otda.sm.FIDA.Integrated.Appeals.Office@otda.ny.gov

If you want someone to represent you

You can have someone else represent you during your appeal.

If you already named someone to represent you when you requested this appeal, you do not have to do anything else.

If you have not already named someone to represent you and want to choose someone now, you can do so by submitting a written statement naming your representative. Send your letter or form to IAHO by fax or mail.

[Plans must send a copy of this notice to relevant parties (e.g. representative, designated caregiver, etc.) and include the following text:]

A copy of this notice has been sent to: <name>
<address>
<phone number>