

| Date

Xxxxxxx
Xxxxxxx
Xxxxxxx
Xxxxxxx

Dear Practitioner,

Effective October 1, 2007, Molina Healthcare of Michigan (MHM) will implement a policy change that affects the practitioner/provider appeal process for medical review decisions (medical appropriateness and necessity denials).

The policy change affects, provider Concurrent and Post Service Appeals for medical review decisions:

- A. Practitioners/providers will be allowed two (2) levels of appeal for Post-Service Practitioner appeals. Previously, practitioners/providers were afforded one level of appeal.
- B. Level 1 Appeal documentation **must** include a summary letter including the rationale and supporting clinical documentation.
- C. Level 2 Appeal If the practitioner/provider disagrees with the decision at Level 1, a practitioner may submit a second written level of appeal within 90 days of the date of the Level 1 denial notice. The request must clearly state it is for a Level 2 review. The written appeal request **must** include additional supporting documentation justifying the need for the denied service.
- D. Level 2 Appeal request **not** accompanied by additional documentation will be automatically issued an administrative denial.

Thank you for continuing to provide the quality care that MHM members depend on. We are always looking for ways to support the most effective healthcare for our members, and improved service to our providers.

Should you have any further questions, please contact Sharon Dunlap, RN at 1-248-925-1790 extension 155520.

Sincerely,

James Forshee, MD
Chief Medical Officer

cc: Sharon Dunlap, RN