**Internal appeal resolution - favorable**

December 20, 2022 **Questions? Call Toll Free** 1-855-899-9600

 **Deaf or Hard of Hearing?** Call 711

<Name>

<Address>

<City, State, Zip>

Dear <Name>:

You appealed this decision that we made [summary of adverse benefit determination]

 In your appeal, you said <summary of appeal>. We looked at the facts of your case again. This is the proof we used. <Summary of evidence used, including clinical review criteria.>

You won your appeal. We have changed our decision. <Summary of appeal decision.>

We made our decision on <date decision completed>. This decision will start on **<effective date of decision>**.

You can ask for free advice or a lawyer from Legal Aid. Call Legal Aid's Office of the Health Care Advocate at **1-800-917-7787** or on the web at vtlawhelp.org/health.

Do you have questions? Then call me at [**enter phone number**].

Monday through Friday.

Sincerely,

[Enter staff name]
[Enter staff title (e.g., grievance and appeal coordinator)]

Rights of People with Disabilities

Do you have a physical or mental or learning condition? Does it make it hard to do things we ask you to do? We can make changes to help you. Changes are called “reasonable accommodation” under the ADA (Americans with Disabilities Act).

Here are some of the changes we can make:

* Someone can write down your answers if you can’t.
* We can give you more time.
* We can help you get papers you need to give us.
* You can have a support person with you when you talk to us.
* We can send you papers in large print.

Do you need **any** changes to help you? Tell us by calling **1-855-899-9600** for free.