**SAMPLE NOTICE OF ADVERSE INTERNAL REVIEW OF APPEAL**

**Insert Letterhead**



January 26, 2018

[MEMBER NAME]

[MEMBER ADDRESS 1]

[MEMBER ADDRESS 2]

[CITY] [STATE] [ZIP]

Re: Internal appeal regarding [ insert service]

Dear [MEMBER NAME]:

Your appeal has been ***denied***.

This decision was made based on:

If you have any questions, please feel free to call me at [INSERT PHONE NUMBER] Monday through Friday, except holidays.

If you are not satisfied with our answer, you may ask for a Fair Hearing with the Human Services Board. If you want to ask for a Fair Hearing, you must do so by [FH DATE]. To ask for a Fair Hearing, call Green Mountain Care Member services at 1-800-250-8427 or you can call the Human Services Board directly at 802-828-2536, you may also write to:

Human Services Board

14-16 Baldwin Street

2nd Floor

Montpelier, VT 05633-4302

If you requested continuing benefits during your appeal and you want to continue your benefits during your fair hearing, you must ask us within 10 days of this notice [insert date]. You need to ask for continuing benefits at the same time you request the fair hearing from Member Services or the Human Services Board. If you get services during your fair hearing, you may be asked to pay for them if the fair hearing is not decided in your favor.

**Emergency (expedited) fair hearings may be requested in situations when you believe that the time for a regular fair hearing could seriously risk your life or health.**

The Office of the Health Care Advocates can help you with Fair Hearings. They can be reached at 1-800-917-7787 or on the web at: vtlawhelp.org/health

Sincerely,

[Staff Name]

Grievance and Appeal Coordinator