

**OHIO DEPARTMENT OF MEDICAID
APPEAL SUMMARY FOR MANAGED CARE PLANS**

Information in this appeal summary is provided with the knowledge that it will be used in reaching a decision on the issue raised in the appeal and will be made available to the appellant and the appellant's authorized representative.

Instructions: MCPs must provide all requested information and attach all documentation which supports the MCP's action. Documentation should include 1) a complete description of the facts and circumstances upon which the MCP action was based; 2) copies of all relevant information the MCP used to make their decision and; 3) copies of all relevant correspondence, including hearing notices issued to the member.

Appellant's Name	MCP Member's Name <i>(if different from appellant)</i>
MMIS Billing Number of MCP Member	Assistance Group Number
Hearing Date	State Hearing Appeal Number
Appellant's Phone Number <i>(with area code)</i> ()	County

Was a state hearing notice previously sent to the member? If yes, attach a copy. If no, provide the following information:

Action taken by MCP: _____

Reason for action: _____

Supporting Regulation: _____

If the MCP's action is the reduction, suspension, or termination of the provision of a previously authorized service, has the action been taken? If yes, give date: _____

Name of Individual preparing the appeal summary

Title of individual

Telephone Number

Date

Distribution: Original to local agency; one copy to appellant; one copy to district hearings section; one copy to MCP file; one copy to ODM, Bureau of Managed Health Care