

Observation Reconsideration Request Form

Do you have documentation not previously submitted to McLaren Health Plan (MHP) that you believe supports an inpatient determination? MHP offers hospitals the opportunity to request a second clinical review of an observation decision. To start the reconsideration process, you need to complete the *Reconsideration Request form* at: McLarenHealthPlan.org/ReconsiderationForm

Forms must be submitted:

- a. **With new/additional documentation not submitted with the first clinical review.**
- b. **Within 30 days** of the observation determination date. Requests submitted outside of this timeframe will not be accepted.
- c. **Prior to claim submission.** If you have already filed a claim, you may NOT request reconsideration. See appeal language below.

Directions to file for reconsideration of an observation determination decision:

1. Fax completed form along with the **new/additional documentation** to MHP at 810-600-7961 or mail to:
 McLaren Health Plan
 G-3245 Beecher Rd.
 Flint, MI 48532
 Attention: Medical Management Review
2. MHP will review the documentation and notify you of a final determination.*

Reconsideration Request Form

<u>Member Name</u>	<u>Member ID</u>	<u>DOB</u>	<u>Dates of Service</u>	<u>OBS Decision Date</u>

<u>Facility Name</u>	<u>Contact Name</u>	<u>Contact Phone</u>

**If the treating physician would like to discuss this decision with our medical director, call 810-733-9721*

Appeal Rights: If you wish to dispute an action by MHP, the provider must complete and submit a *Provider Request for Appeal form*, available at McLarenHealthPlan.org. Attach a **copy of the claim** in paper form within 90 calendar days from the letter of Explanation of payment (EOP), original claim date of service, adjusted EOP or authorization decision. Mail the completed form and supporting documents to:

McLaren Health Plan
 G-3245 Beecher Rd.
 Flint, Michigan, 48532
 Attn: Provider Appeals

Thank you,
 Medical Management