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| MCO Appeal Decision (Reversed)Insert MCO logo |

<<Date Decision ltr mailed>>

<<Member's Name>> <<Member's MA/MCI Number>>

<<Member/Legal Decision Maker's Street Address>>

<<City>> <<State>> <<Zip Code>>

Dear <<Member's Name>>:

The <<MCO name for Committee>> has reached a decision on your appeal about <<describe the appeal>>. The , in which you , was held on <<date>>. The carefully reviewed your team’s decision and the information you and/or others provided at the .They have decided to <<describe the decision>>.

The reason for the decision <<the reason for reversing the team's decision>>.

Thank you for using our grievance and appeals process. Your care team will be contacting you within 72 hours to implement this decision. If you have any follow up questions, contact your <<member rights specialist>> at <<telephone number>>.

Sincerely,

<<Staff Name>>

<<Title>>

<<Telephone Number>>