IMPORTANT NOTICE

Your appeal rights

You can resolve most questions about our payment decisions by calling our Member Service Center at 800.336.0013 or TTY 888.445.5614. If you still have concerns, you have the right to file a grievance with us and to request an external review with the Department of Insurance and Financial Services. We briefly explain these procedures below. For further details regarding the grievance process, call our Legal and Compliance Department at 800.742.2328 or visit our website at www.messa.org.

MESSA Grievance Procedure

Write to us to tell us why you disagree with our decision. ***You must complete our standard grievance procedure before you can request an external review***. Please include your enrollee identification number, daytime telephone number, date of service and any information that might support your position. If you want another person, including a physician, to act on your behalf during this grievance procedure, please include written authorization. Mail your grievance to:

Associate Manager, Legal and Compliance
MESSA
1475 Kendale Blvd., P.O. Box 2560
East Lansing, MI 48826-2560

If you disagreed with our decision not to preapprove a service, we will send our final written determination within 15 days of the date we received your grievance. If you disagreed with our claim denial or payment decision, we will send our final written determination within 30 days of the date we received your grievance. These periods suspend for any time you take to respond to us. In both cases, you have the right to allow us additional time and we are allowed ***10 additional days*** if we need more information from your healthcare provider. If you still disagree with our decision, you may request an informal managerial-level conference to discuss your grievance with us.

External Review Procedure

If our response doesn't satisfy you, or if we don't respond within 30 days regarding a preapproved service or 60 days regarding a claim denial or payment decision, you can request an external review with the Department of Insurance and Financial Services. You must request this review in writing ***within 120 days*** of receiving our final determination. You will have to authorize the release of protected health information during this external review. The Department's decision is final.

MESSA

Good health. Good business. Great schools.

Mailing address:
Associate Manager, Legal and Compliance
MESSA
1475 Kendale Boulevard, P.O. Box 2560
East Lansing, MI 48826-2560
800.292.4910
Fax: 517.203.2909

Member Appeal Form

Enrollee/Patient Information Section

Enrollee's name	Enrollee ID	Group number

Patient's name (if different from enrollee)	Relationship to enrollee ☐ Self ☐ Spouse ☐ Dependent	Daytime telephone number

Address	City	State	ZIP code

Claim Detail Section

Date of service	Location of service

Type of service	Provider name

To assist us in reviewing your appeal, please summarize the issue and action desired below, and attach all supporting documentation.

Your signature ______________________________ Date ______________

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