



REQUEST FOR MEDICARE MEDICAL SERVICES COVERAGE DETERMINATION

This form may be sent to us by mail or fax:

Address: Upper Peninsula Health Plan Attn: Utilization Management 853 W. Washington Street Marquette, MI 49855	Fax Number: (906) 225-9269
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You may also ask us for a coverage determination by phone toll free at 1-877-349-9324 (TTY: 711) or 906-225-7774. Hours of operation are seven days a week from 8 a.m. to 9 p.m. Eastern time. The call is free.

Who May Make a Request: Your health care provider may ask us for a coverage determination on your behalf. If you want another individual (such as a family member or friend) to make a request for you, that individual must be your representative. Contact us to learn how to name a representative.

Enrollee’s Information

Enrollee’s Name		Date of Birth
Enrollee’s Address		
City	State	Zip Code
Phone	Enrollee’s UPHP ID	

Complete the following section ONLY if the person making this request is not the enrollee or health care provider:

Requestor’s Name		
Requestor’s Relationship to Enrollee		
Address		
City	State	Zip Code
Phone		

**Representation documentation for requests made by someone other than enrollee
or the enrollee's health care provider:**

Attach documentation showing the authority to represent the enrollee (a completed Authorization of Representation Form CMS-1696 or a written equivalent). For more information on appointing a representative, contact us or 1-800-Medicare.

Type of Coverage Determination Request

- I request prior authorization to see an out-of-network provider
- I request prior authorization for medical supplies
- I request prior authorization for laboratory services
- I request prior authorization for home health services
- I request coverage for medical service/item I have already received

Date (s) of Service _____

- I request coverage for other service (*please specify*) _____

Additional information we should consider (*attach any supporting documents*):

Important Note: Expedited Decisions

If you or your health care provider believes that waiting for a standard decision (which will be provided within 14 calendar days) could seriously harm your life or health or ability to regain maximum function, you can ask for an expedited (fast) decision. If your health care provider asks for a fast decision for you, or supports you in asking for one by stating (in writing or in a telephone call to us) that he or she agrees that waiting 14 calendar days could seriously harm your life or health or ability to regain maximum function, we will give you a decision within 72 hours. If you do not obtain your health care provider's support, we will decide if your health condition requires a fast decision.

CHECK THIS BOX IF YOU BELIEVE YOU NEED A DECISION WITHIN 72 HOURS (if you have a supporting statement from your health care provider, attach it to this request).

Enrollee's/Requestor's Signature:	Date:
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Upper Peninsula Health Plan MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.