



Template Notice Submission Cover Sheet

Form with fields: Date, Unique Identifier, Plan Name, Vendor Name (if applicable)

1) Which HMO products will this notice be used for? (Check all that apply):

Form with checkboxes for MMC, HARP, HIV SNP, and Other: \_\_\_\_\_

2) Identify the template type (Check one):

Form with checkboxes for IAD no A/C, IAD with A/C, FAD no A/C, FAD with A/C, Approval, Extension, Complaint, Complaint Appeal

3) Which decision types will this notice be used for? (Check all that apply):

Form with checkboxes for Utilization Review, Concurrent Review, Retrospective/ claims denials, Administrative Denials, Out of Network (Not Materially Different), Substance Use Disorder Inpatient Treatment, Partial Approvals, Out of Network (Training & Experience), Long Term Services & Supports, Specific Service: \_\_\_\_\_, Other: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

I affirm that the attached template notice will be utilized as indicated above and that all information is true and accurate to the best of my knowledge. I understand that the New York State Department of Health is relying upon this attestation as part of its review and approval process, and that should it be determined that this attestation is materially false or incomplete or incorrect or includes incorrect, false or misleading, information, appropriate regulatory action will be taken.

Signature

Title

Email

Phone

Only the HMO may submit templates for review. Submit a completed cover sheet with each template to bigaplans@health.ny.gov.