MMO – Appeals Process

MMO allows members to submit an appeal for a denied claim. Members have the right to both an internal appeal and, if necessary, an external review by an Independent Review Organization (IRO). Members must follow the required sequence and cannot skip directly to the external review.

How to Submit an Appeal:

- Members should carefully review their Explanation of Benefits (EOB) to understand the reason for the denial. Each EOB includes instructions for submitting an appeal, such as the mailing address, recommended documentation, and a hotline number for questions.
- Members have 180 days from the date on the EOB to submit an appeal.
- The appeal letter must clearly explain the reason for the appeal and include any supporting documentation (e.g., medical records, photos, X-rays, etc.) to assist with MMO's review.
- Although the member must initiate the appeal, Oswald recommends coordinating with the healthcare provider to ensure all relevant documentation is included.
- MMO will review the submission and issue a determination approving or denying the appeal.

External Review Process:

If the internal appeal is denied, members may request an external review through an Independent Review Organization (IRO). Instructions for submitting an external review will be included in MMO's denial letter.

- Members have 180 days from the date of the internal appeal denial to request the external review.
- The IRO will review the case and issue a final determination.

Additional appeal information is available in the Stark County COG Policy Book on the Hudson Benefits website.

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