

**Partial Denial**

October 22, 2016

Brandy Wine  
123 Healthy Street  
Tiny Town, LA 70000

Dear Brandy Wine:

We are writing to tell you that your request for 320 days (40 hours per week for 8 weeks) for private duty nursing for dates of service 10/16/16 – 12/21/16 is partially denied and Contractor will not pay for all of the care.

To find out why we won't pay, keep reading. If you think we made a mistake, you may ask for an appeal).

**We will not pay for 320 days (40 hours per week for 8 weeks) for private duty nursing for dates of service 10/16/16 – 12/21/16, but Contractor will pay for the following care (if your doctor prescribes it):**

280 hours (35 hours per week for 8 weeks) for private duty nursing for dates of service 10/16/16 – 12/21/16.

If you have questions, call Contractor at **1-800-123-4567**. TTY users call **1-866-987-6543**. **This call is free**. Your doctor also got a copy of this letter, so you should also talk to your doctor.

**Why won't Health Plan pay for 320 days (40 hours per week for 8 weeks) for private duty nursing?**

Based on the Louisiana Medicaid Program Home Health Provider Manual, Chapter 23, Section 23.1, Extended Home Health page 5, your medical records must show the following:

- Reason(s) why more hours are needed for private duty nursing care in the home.

The medical records sent to us do not give us the information we need.

Because of all the reasons stated, Health Plan does not think the care is medically necessary. To get a free copy of the guidelines used to make this decision, call **1-800-123-4567**. **TTY users call 1-866-987-6543**.

You or someone legally authorized to do so, can ask for a **free** copy of the criteria, guidelines or any other information we used to make this decision by calling **1-800-123-4567**.

**Do you have questions?** Call us at **1-800-123-4567**. You may also want to talk to your doctor.

**Does your doctor want to talk to someone about this decision?** Your doctor can call Contractor's Medical Review Department **1-800-123-4567**.

### **What can you do if you think Contractor made a mistake?**

If you think we made a mistake, you may ask for an appeal. If you want to request an appeal, you must do so within 30 days from date of this notice. You can choose to file an appeal yourself, or you can choose another person, including an attorney or your doctor, to act on your behalf. If your doctor or someone else appeals for you, you must give them written permission.

You have the right to ask for a State Fair Hearing. You may ask for this after the appeal process with Health Plan has ended. We will tell you how to ask for a State Fair Hearing when you get the final appeal decision.

### **How do you ask for an appeal?**

There are three ways you can ask for an appeal:

- **Call** Contractor at **1-800-123-4567**.
- **Mail** the Request for Appeal form to:  
Contractor Appeal Processing  
P.O. Box 987654  
Baton Rouge, LA 70806-1234
- **Fax** the Request for Appeal form to **1-866-135-7913**

### **How long does it take to make a decision about my appeal?**

We will make a decision within thirty (30) days of getting your appeal.

### **What if you need a fast decision?**

If your condition is considered urgent, we may be able to make a decision about your appeal much sooner. You may need a fast decision if, by not getting the requested services, one of the following is likely to happen:

- You will be at risk of serious health problems, or you may die;
- You will have serious problems with your heart, lungs, or other body parts; or
- You will need to go into a hospital.

Your doctor must agree that you have an urgent need.

**Do you need help with this letter?** Call Contractor at **1-800-123-4567**.

If you need help in another language, call 1-800-987-6543 (toll-free).

Para obtener ayuda para traducir o entender esta información, sírvase llamar al **1-800-123-4567**  
TDD/TTY **1-800-123-4567**, entre 8 a.m. y 5 p.m.

Để được giúp phiên dịch hoặc hiểu phần này, xin gọi số **1-866-595-8133** hoặc TDD/TTY **1-**

Sincerely,

Sarah Tumasco, MD, MPA  
Director of Specialty Health  
On Behalf of MCO

Enclosure: Request for Appeal Form

cc: Timothy Provider, MD  
Best Medical Care Center