

ABC Health Plan header/
logo here, if applicable

Sub-contractor's/vendor's
logo/header here, if applicable

Notice of Partial Denial

September 13, 2019

Captain America
123 Patriotism Street
Many, LA 70000

Dear America:

We are writing to tell you that your request for 30 hours of Community Psychiatric Supportive Treatment (CPST) and 60 hours of Psychosocial Rehabilitation Services (PSR) for dates of service 06/20/19 – 12/20/19 is partially denied and ABC Health Plan 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 30 hours of CPST and 60 hours of PSR for dates of service 06/20/19 – 12/20/19, but ABC Health Plan will pay for the following care (if your doctor prescribes it):

- 6 hours of CPST for dates of service 06/20/19 – 07/20/19.
- 6 hours of PSR for dates of service 06/20/19 – 07/20/19.

If you have questions, call ABC Health Plan at **1-800-123-4567**. TTY users call **1-800-111-1111**. **This call is free.** Your doctor also got a copy of this letter, so you should also talk to your doctor.

Why won't ABC Health Plan pay for 30 hours of CPST and 60 hours of PSR for dates of service 06/20/19 – 12/20/19?

CPST

The name of the criteria and/or regulation used to make the decision is: [ABC Health Plan guidelines for CPST](#).

According to the above guidelines, these services are intended for people who have severe mental health disorders, whose conditions can be stabilized with short-term, intensive services

immediately following a crisis or traumatic event without hospitalization and who can function in the community with the appropriate supportive care.

We reviewed the records from your provider and the records show the following:

- You have a primary diagnosis considered to be a mental health disorder.
- You did not experience a recent crisis or traumatic event that may have contributed to your current medical condition.
- You may not have the type of needs that this service helps with. Your condition may need a higher level of services to help you improve.

Therefore, 30 hours of CPST is denied but we will pay for 6 hours to give you time to see a psychiatrist to determine if this type of service can help you improve or if you need a higher level of care. For this reason, this service is only partially approved. Consideration for additional hours of CPST will require a copy of your psychiatric evaluation, including diagnosis, and updated notes on your participation to improve.

PSR

The name of the criteria and/or regulation used to make the decision is: ABC Health Plan guidelines for PSR.

These services are needed when a person is having difficulty living on their own due to major problems in thinking and behavior because of a mental disorder.

We reviewed the records from your provider and the records show the following:

- You are having difficulty in thinking, mood and behavior but you report that you have not acted on your thoughts or behavior and feel you can manage them yourself.
- Although you have not acted on your thoughts or behavior and believe you can manage them yourself, your condition may need a higher level of services to help you improve.

Therefore, 30 hours of PSR is denied but we will pay for 6 hours to give you time to work with a provider to see if this service can help you improve or if you need a higher level of care. For this reason, this service is only partially approved. Consideration for additional hours of PSR services will require a copy of your psychiatric evaluation, including diagnosis, and updated notes on your participation to improve.

Because of all the reasons stated, ABC Health Plan does not think all of the care requested is medically necessary

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 ABC Health at **1-800-123-4567**.

What can you do if you think ABC Health Plan 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 60 calendar 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 before requesting an appeal.

How do you ask for an appeal?

There are three ways you can ask for an appeal:

- **Call** ABC Health Plan at **1-800-123-4567**.
 - Your signed, written appeal request must be received following the call.
- **Mail** the Request for Appeal form to:
ABC Health Plan Appeal Processing
P.O. Box 123456
Baton Rouge, LA 70806-1234
- **Fax** the Request for Appeal form to **1-800-111-2222**.

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

We will review your appeal and send a written decision within 30 calendar days of our receipt of 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. If a fast decision is requested, we will review your appeal and send a written decision within 72 hours of our receipt of your appeal.

State Fair Hearing

Once you have completed [**Contractor Name's**] appeal process, and you still disagree with our decision, you can request a State Fair Hearing. Instructions on how to file a State Fair Hearing will be sent with your appeal decision letter.

How do I continue to receive this service during the appeal?

If you are already receiving this service, you have the right to continue benefits while an appeal is in process. You must ask for this within 10 calendar days from the date of this notice by calling ABC Health Plan at 1-800-123-4567. If the appeal decision or state fair hearing agrees with the denial, you may have to pay the cost of the service you received.

Do you need help with this letter? Call ABC Health Plan at **1-800-123-4567**, TTY **1-800-111-1111**.

If you need help in another language, call 1-800-123-4567 (toll-free).

Para obtener ayuda para traducir o entender esta información, sírvase llamar al **1-800-123-4567** TDD/TTY **1-800-111-1111**, entre 8 a.m. y 5 p.m.

Để được giúp phiên dịch hoặc hiểu phần này, xin gọi số **1-800-123-4567** hoặc TDD/TTY **1-800-111-1111**.

Sincerely,

Sarah Nice, MD, MPA
Director of Specialty Health
ABC Health Plan

Enclosure:

cc: Timothy Provider, MD
Best Medical Care Center