

ABC Health Plan header/
logo here, if applicable

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

Partial Denial

March 28, 2018

Brandy Wine
123 Healthy Street
Tiny Town, LA 70000

Dear Brandy Wine:

We are writing to tell you that your request for 640 days (40 hours per week for 16 weeks) for private duty nursing for dates of service 01/16/18 – 06/21/18 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 640 days (40 hours per week for 16 weeks) for private duty nursing for dates of service 01/16/18 – 06/21/18, but ABC Health Plan 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 01/16/18 – 03/21/18.

If you have questions, call ABC Health Plan 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 ABC Health Plan pay for 640 days (40 hours per week for 16 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 all of the following:

- ✓ Your doctor must review your plan of care every 60 days;
- ✓ Your doctor must tell us why more than 60 days are needed.

The medical records sent to us do not give us the information we need to approve more than 60 days. Therefore, 280 hours (35 hours per week for 8 weeks) of private duty nursing for dates

of service 01/16/18 – 03/21/18 are approved. We can review your case after the approved 60 days, if your doctor sends another request.

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

You may view the guidelines we used to make this decision at: www.ABCpolicy.com/EHH.html.

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 987654
Baton Rouge, LA 70806-1234
- ✓ **Fax** the Request for Appeal form to **1-XXX-XXX-XXXX**.

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

We will make a decision within 30 calendar days of getting your appeal.

After you get your appeal decision and you still don't agree, you can ask for a State Fair Hearing. A State Fair Hearing is where a judge reviews our decision. We will tell you how to ask for a State Fair Hearing when you get the final appeal decision.

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.

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**.

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 Nice, MD, MPA
Director of Specialty Health
On Behalf of MCO

Enclosure: Request for Appeal Form

cc: Timothy Provider, MD
Best Medical Care Center