

[Company Header/logo and/Vendor Header/logo, if applicable]

**[Partial Denial]**

[Date]

[Enrollee Name]  
[Street Number/Address]  
[Any Town, LA Zip Code]

Dear [Parent/Guardian or Enrollee Name]:

We are writing to tell you that your request for [amount of service, if applicable] for [service and date(s) of service] is [partially denied] and [Contractor Name] will not pay for all of the care. [(Vendor Name) reviews prior authorization for [service] on behalf of [Contractor Name], if applicable].

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 [amount of service, if applicable] for [denied service and date(s) of service], but [Contractor Name] will pay for the following care (if your doctor prescribes it):**

1. List [amount of service, if applicable] and date of service that is approved
2. List [amount of service, if applicable] and date of service that is approved

If you have questions, call [Contractor Name] at 1-XXX-XXX-XXXX. TTY users call 1-XXX-XXX-XXXX. This call is free. Your doctor also got a copy of this letter, so you should also talk to your doctor.

**Why won't [Contractor Name] pay for [service]?**

*This section should include a comprehensive explanation in plain language for why the request does not meet the guidelines/criteria for care. It should include ALL guidelines/criteria for the denial and how they were applied to the member's case. Do not limit to just one reason if there are multiple, but do not cloud the notice with criteria that were not a reason for denial.*

General notice guidance:

**Commented [LW1]:** FONT REQUIREMENTS, as per the settlement:

- Must be 12 point or greater for visually impaired.
- Avoid all caps.
- Any Font type as long as it is easily readable.
- Bolted terms in template do not have to be bolted, though it is strongly encouraged that the headers be bolted; italics are discouraged.

**Commented [LW2]:** Include a header at top of first page above the body to indicate if services are denied, partially denied.

**Commented [LW3]:** Keep date formatting consistent throughout (e.g., March 28, 2018, 03/28/2018, 03/28/18, etc.).

**Commented [LW4]:** Include a salutation – “Dear member or parent or guardian of member” and a closing/signature at the end of the letter.

**Commented [LG5]:** Include amount of services, if applicable.

**Commented [LW6]:** •The specific service requested must be written in plain language. General categorization of type of service is not acceptable.  
•Do not use procedure codes.

**Commented [LW7]:** “Partially denied” must appear in the introductory paragraph.

**Commented [LG8]:** Include brief explanation of vendor's role, if applicable.

**Commented [LG9]:** Include amount of services, if applicable. Should match amount of services and DOS in intro paragraph.

**Commented [LW10]:** •Keep phone number formatting consistent throughout.  
•LDH prefers “1” prior to the toll-free number.

- Include the criteria and activity the Contractor used to make the determination (requests made, medical records reviewed, etc.).
  - Explain how many of the factors listed, or what combination of those listed, must be present in order to establish medical necessity. Include a plain language explanation of medical necessity, as applicable.
  - If denied due to lack of information, the explanation must note the specific information needed to be considered for approval. Do not list information that you already have.
- Provide adequate information to assist in preparing for an appeal. If rules or regulations (federal and state) used to make the decision are cited, the regulation must be explained and the notice must include the language that relates how the facts of the recipient's situation compare/apply to the regulation cited. Include numbers for reference of rules.
- Where appropriate, break apart technical and complex information with bullets or numbering to make the information more readable and use clearly stated headers that will draw the member's attention.
- Summarize that, because of all the reasons stated, the Contractor is does not think the care is medically necessary, unless the denial is administrative in nature.

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-XXX-XXX-XXXX.

**Do you have questions?** Call us at 1-XXX-XXX-XXXX. 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 Reviewer Name] at 1-XXX-XXX-XXXX.

**What can you do if you think [Contractor Name] 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.

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

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

**Commented [LW11]:** Added to comply with 42 CFR 438.404 and LDH RFP Section 13.4.2.

**Commented [LW12]:** INTERNAL APPEALS PROCESS:  
•For all organizations required to have an internal appeals process, the **first denial notice** must include this information.

STATE FAIR HEARING:

•For these organizations, the **first denial notice** must advise the member that he/she may request a State Fair Hearing after exhausting the internal appeals process, if he/she still disagrees.

•State Fair Hearing language must be included in the **appeal denial letter.**

•State Fair Hearing Contacts to be included in appeal denial letter:

○ Mail: P.O. Box 4189 Baton Rouge, Louisiana 70821-4189

○ Fax: (225) 219-9823

○ Phone: (225) 342-5800 or (225) 342-0443

Web: <http://www.adminlaw.state.la.us/HH.htm>

**Commented [LW13]:** Note change: Now 60 calendar days from date the notice.

**Commented [LW14]:** •MCOs must comply with contractual guidance on State Fair Hearing inclusion in notices of action.

•For MCOs', the entire Section 13.5.2.4 must be included with appeal denial letters. State Fair Hearing language should be included in the appeal denial letter. **NOTE: Contractors w/out an internal appeals process must only use the State Fair Hearing language.**

•MCOs must comply with contractual guidance on continuation of services pending resolution as per Section 13.5.2.7 of their contract. This language is prescribed in the template.

**Commented [LW15]:** Include all applicable means to request appeal (phone, fax, mail, etc.).

**Commented [LW16]:** Include the timeframe Contractor has to make a decision on the appeal. Use consistent formatting (e.g., 30 calendar days; thirty; thirty (30)).

**Commented [LG17]:** CFR requires resolution within 72 hours.

- You will need to go into a hospital.  
Your doctor must agree that you have an urgent need.

**How do I continue to receive this service during my appeal?**

**Commented [LG18]:** CFR requires this language in the notice.

**Do you need help with this letter?** Call [Contractor Name] at **1-XXX-XXX-XXXX**.

If you need help in another language, call 1-XXX-XXX-XXXX (toll-free).

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

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

Sincerely,

**Commented [LW19]:** Include a closing signature.