

<p>Can I Appeal a Medicaid Decision?</p> <p>Yes, you have the right to appeal:</p> <ul style="list-style-type: none"> • If all the services you requested were denied • If part of the services you requested were denied • If you were offered different services than you requested • If the service provider did not submit for full amount of services you requested. (In this case, a doctor’s note showing the need for the requested services must be included with the appeal.) • If services are not provided with reasonable promptness <p>Is There Anything Besides Appealing That I Can Do to Get Services?</p> <p>The provider that sent in your request for services can request a reconsideration, with additional information. This must be done within 30 days of the denial. You will get a new decision, and if services are denied again, you can appeal then.</p>	<p>How do I appeal?</p> <p>Complete an appeal request form online at: http://www.adminlaw.state.la.us/HH.htm</p> <p>or</p> <p>send a written request for appeal to: Division of Administrative Law Health and Hospitals Section P.O. Box 4189 Baton Rouge, LA 70821-4189 (fax) 225-219-9823</p> <p>or</p> <p>call: 225-342-5800 or 225-342-0443 (Telephone appeals are allowed, but are not encouraged)</p> <p>Use only one method to file your appeal. Do not duplicate the same appeal.</p> <p>Do I Have to Get Another Doctor’s Statement?</p> <p>To win the appeal, you may need to get your doctor to give a statement with more details about why the services are needed. The doctor’s statement should include the number of hours of services needed.</p>	<p>Can my Support Coordinator help with my appeal?</p> <p>YES! Your Support Coordinator should have received training to assist you with an appeal. He/she can help you gather the necessary information within the allotted time.</p> <p>What Deadlines Apply?</p> <ul style="list-style-type: none"> • The notice of denial will tell you when the appeal must be filed. You must appeal before or by that date. • Appealing within the 30 day appeal period may keep services you are already receiving from being cut while the appeal is going on. • You must get a final decision on your appeal within 90 days of the date you file it, unless you request or agree to additional time. <p>Can Someone Help me with the Appeal?</p> <p>You can have someone else represent your situation if you choose. That person can be a friend, relative, attorney or other spokesperson. The Disability Rights Louisiana can also help. The Disability Rights Louisiana can be reached at 1-800-960-7705.</p>
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*All Legacy Medicaid appeals and MCO appeals after the internal MCO appeal process has been completed.

APPEAL FORM

I want to appeal.

Name of Medicaid Beneficiary appealing: _____.

Social Security Number of Medicaid Beneficiary: _____.

Would you like to request an expedited fair hearing? **Yes** **No**

If you have an emergency health issue, you can ask for a faster (expedited) fair hearing. If you request an expedited fair hearing, you may be contacted by the Louisiana Department of Health to provide proof of your emergency health.

Describe Items or Services requested (or enclose copy of denial notice):

Signature of Beneficiary

Date

Submit form to:

Division of Administrative Law

Health and Hospitals Section

P. O. Box 4189

Baton Rouge, LA 70821-4189

Fax: (225) 219-9823

Online: <http://laserfiche.adminlaw.state.la.us/Forms/hSgLX>

Louisiana Division of Administrative Law Contact Info

Physical Address:

1020 Florida Street

Baton Rouge, LA 70802

Phone: 225-342-1800

Fax: 225-342-1812

E-mail: dhaddad@adminlaw.la.gov

Website: www.adminlaw.la.gov

Disability Rights Louisiana Contact Info

Main Office:

8325 Oak Street

New Orleans, LA 70118

Phone: 800-960-7705

E-mail: info@disabilityrightsla.org

Website: www.disabilityrightsla.org