

## Initial Approval Letters

### Initial

Letter is sent if the patient is eligible for hospice services. The letter may indicate coverage for a limited period of time if the patient's Medicaid case is closing, patient discharged, transferred to another hospice, revoked hospice services or the patient expired.

## Initial Approval Letters

### Initial Limited letter-Patient Expired

Letter is sent if the patient is eligible for hospice services. The letter may indicate coverage for a limited period of time if the patient's Medicaid case is closing, patient discharged, transferred to another hospice, revoked hospice services or the patient expired.

Bobby Jindal  
GOVERNOR



Alan Levine  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

April 22, 2009

[REDACTED]

Re: [REDACTED]

Dear Hospice Provider:

This letter is to confirm that your request for hospice services for the above named recipient has been processed for 4/7/2009 through 4/12/2009. The recipient has limited coverage because the recipient expired on 4/12/2009.

If you have any questions regarding this correspondence, please contact Paul Williams at (225)342-0325.

Sincerely,

*Kent Bordelon*

Kent Bordelon  
Section Director

c: Hospice Program File

## Initial Approval Letters

### Discharge/Revoked

Letter is sent if the patient is eligible for hospice services. The letter may indicate coverage for a limited period of time if the patient's Medicaid case is closing, patient discharged, transferred to another hospice, revoked hospice services or the patient expired.

Bobby Jindal  
GOVERNOR



Alan Levine  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

April 22, 2009

[REDACTED]

Re: [REDACTED]

Dear Hospice Provider:

This letter is to confirm that your request for hospice services for the above named recipient has been processed for 4/16/2009 through 4/19/2009. The recipient has limited coverage because the recipient revoked or was discharged from hospice on 4/19/2009.

If you have any questions regarding this correspondence, please contact Paul Williams at (225)342-0325.

Sincerely,

A handwritten signature in cursive script that reads "Kent Bordelon".

Kent Bordelon  
Section Director

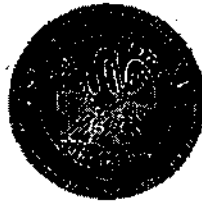
c: Hospice Program File

## Initial Approval Letters

Medicaid/Medicare – No Prior Authorization required after 6 month period

Letter is sent if the patient is eligible for hospice services. The letter may indicate coverage for a limited period of time if the patient's Medicaid case is closing, patient discharged, transferred to another hospice, revoked hospice services or the patient expired.

Bobby Jindal  
GOVERNOR



Alan Levine  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

April 22, 2009

[REDACTED]

Re: [REDACTED]

Election Date: 04/17/2009

Dear Hospice Provider:

This letter is to confirm that your request for Medicaid hospice services for the above named recipient has been processed effective on the above election date. Since this recipient has Medicare as a primary payer, a Prior Authorization packet is not required for continuing hospice services.

If you have any questions regarding this correspondence, please contact Beatrice Williams at (225) 342-3930.

Sincerely,

A handwritten signature in cursive script that reads "Kent Bordelon".

Kent Bordelon  
Section Director

c: Hospice Program File

## Initial Approval Letters

Medicaid only- Prior Authorization required after 6 months

Letter is sent if the patient is eligible for hospice services. The letter may indicate coverage for a limited period of time if the patient's Medicaid case is closing, patient discharged, transferred to another hospice, revoked hospice services or the patient expired.





**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

April 22, 2009

[REDACTED]

Re:

[REDACTED]

Election Date: 4/17/2009

Dear Hospice Provider:

This letter is to confirm that your request for hospice services for the above named recipient has been processed for an initial 90-day period. The election will continue through the subsequent election periods without a break in care as long as the individual remains in hospice care, does not revoke the election and Medicaid eligibility continues.

However, the recipient must also meet the prior authorization criteria to continue through the subsequent periods following the initial and subsequent 90 days. You must file a request for prior authorized services by 9/13/2009 (30 days before the end of the approved service date).

Unless the documentation to support the request for continuation of services is received by 9/13/2009, these services will be terminated on 10/13/2009.

If you have any questions regarding this correspondence, please contact Beatrice Williams at (225) 342-3930.

Sincerely,

A handwritten signature in cursive script that reads "Kent Bordelon".

Kent Bordelon  
Section Director

c:

Hospice Program File

## Initial Denial Letters

Letter is sent if the patient is not eligible for hospice services because of the type of Medicaid case they are certified under (SLMB, QMB, QI-1, and QI-2.) or the patient's Medicaid case is closed or the patient's was never certified for Medicaid.



State of Louisiana  
Department of Health and Hospitals  
Bureau of Health Services Financing

April 23, 2009

[REDACTED]

Re:

[REDACTED]

Dear Hospice Provider:

This letter is to confirm that your request for hospice services for the above named recipient has been approved for 03/17/2009 through 03/31/2009. This recipient has limited coverage because:

\_\_\_\_\_ The recipient revoked or was discharged from hospice on \_\_\_\_\_.

\_\_\_\_\_ The recipient expired on \_\_\_\_\_.

The recipient's Medicaid eligibility ended on 03/31/2009. The recipient was certified under the Medically Needy Spend Down Program. A new Certificate of Terminal Illness and Notice of Election is required upon recertification for Medicaid. Prior Authorization is also required.

\_\_\_\_\_ The recipient transferred to/from another hospice provider.

If you have any questions regarding this correspondence, please contact Paul Williams at (225) 342-0325

Sincerely,

A handwritten signature in cursive script that reads "Kent Bordelon".

Kent Bordelon  
Section Director

Bobby Jindal  
GOVERNOR



Alan Levine  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

April 22, 2009

[REDACTED]

Re: [REDACTED]

Dear Hospice Provider:

This letter is to confirm that your request for hospice services for the above named recipient has not been processed for the following reason:

The recipient has QMB (Qualified Medicare Beneficiary) which does not cover hospice service

If you have any questions regarding this correspondence, please contact Beatrice Williams at (225) 342-3930.

Sincerely,

A handwritten signature in cursive script that reads "Kent Bordelon".

Kent Bordelon  
Section Director

c: Hospice Program File



**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

April 22, 2009

[REDACTED]

Re: [REDACTED]

Dear Hospice Provider:

This letter is to confirm that your request for hospice services for the above named recipient has not been processed for the following reason:

\_\_\_\_\_ The Notice of Election and Certification of Terminal Illness forms were not completed and returned to the Hospice Unit within the 10-day time frame as stated in the Hospice Manual, Section 3. The NOE stated that the recipient was admitted to your services on \_\_\_\_\_; therefore the signed CTI was due by \_\_\_\_\_. The signed CTI was never received in our office.

\_\_\_\_\_ Medicaid eligibility ended on \_\_\_\_\_.

\_\_\_\_\_ The recipient does not have full Medicaid benefits. He/she has QMB (Qualified Medicare Beneficiary) which does not cover hospice services.

No Medicaid coverage.

\_\_\_\_\_ The recipient has used an initial and a subsequent 90-day period. Hospice services were denied because a prior authorization request for this period was never sent to our office.

If you have any questions regarding this correspondence, please contact Beatrice Williams at 225 342-3930.

Sincerely,

A handwritten signature in black ink that reads "Kent Bordelon".

Kent Bordelon  
Section Director

cc: Hospice Program File  
Recipient's file

Bobby Jindal  
GOVERNOR



Alan Levine  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

April 22, 2009

[REDACTED]

Re: [REDACTED]

Dear Hospice Provider:

This letter is to confirm that your request for hospice services for the above named recipient has not been processed for the following reason:

The recipient has QI (Qualified Individual), which does not cover hospice service

If you have any questions regarding this correspondence, please contact Beatrice Williams at (225) 342-3930.

Sincerely,

*Kent Bordelon*

Kent Bordelon  
Section Director

c: Hospice Program File

Bobby Jindal  
GOVERNOR



Alan Levine  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

April 24, 2009

[REDACTED]

Re: [REDACTED]

Dear Hospice Provider:

This letter is to confirm that your request for hospice services for the above named recipient has not been processed for the following reason:

The recipient has SLMB (Specified Low-Income Medicare Beneficiary) which does not cover hospice service

If you have any questions regarding this correspondence, please contact Paul Williams at (225)342-0325.

Sincerely,

A handwritten signature in cursive script that reads "Kent Bordelon".

Kent Bordelon  
Section Director

c: Hospice Program File

## Subsequent Approval Letters

### Break in Coverage

Letter is sent if the patient is approved for continuation of hospice services. The letter will indicate coverage for a limited period of time. The patient transferred from another hospice provider, revoked or discharged in the middle of the initial 180 day certification period. The provider must submit a prior authorization request 30 days before the end of the 90 day period.





**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

April 23, 2009



Dear Hospice Provider:

This letter is to confirm that your request for hospice services for the above named recipient has been processed for a subsequent 90-day period from 04/23/2009 thru 07/21/2009.

Following this subsequent 90-day period, a 60-day election period requires prior authorization. You must file a request for a continuation of approved services by 06/21/2009 (30 days before the end of the approved service date).

Unless the documentation to support the request for continuation of services is received by 06/21/2009 these services will be terminated on 07/21/2009.

If you have any questions regarding this correspondence, please contact Beatrice Williams at 225-342-3930.

Sincerely,

Kent Bordelon  
Section Director

cc: Hospice Program File  
Recipient's file

## Hospice Prior Authorization Check list

First two sections of the form are completed by Hospice program employees. It is used as a cover sheet. It is then attached to the prior authorization packet and submitted to the registered nurse for review and approval for continued hospice services.

DEPARTMENT OF HEALTH AND HOSPITALS  
 BHSF RATE AND AUDIT SECTION  
**HOSPICE PRIOR AUTHORIZATION CHECKLIST**

**MONITOR NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**60-DAY ELECTION REQUEST:** \_\_\_\_\_ **RECONSIDERATION REQUEST:** \_\_\_\_\_

**Requested Period(s):** \_\_\_\_\_

**RECIPIENT NAME:** \_\_\_\_\_

**RECIPIENT ID#** \_\_\_\_\_

**HOSPICE PROVIDER:** \_\_\_\_\_ **PROVIDER #** \_\_\_\_\_

**This checklist identifies information submitted in the packet for Prior Authorization determination**

	REQUEST FOR PRIOR AUTHORIZATION
	PHYSICIAN'S CERTIFICATION
	PHYSICIAN'S ORDERS
	SOCIAL EVALUATION
	PLAN OF CARE
	PROGRESS NOTES FOR ALL SERVICES RENDERED
	UPDATED PHYSICIAN ORDERS TO PLAN OF CARE
	ADDITIONAL INFORMATION
	RECENT LABS (If available)

**MEDICAL CONSULTANT'S COMMENTS AND RECOMMENDATIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPROVE:                  DENY:                  REFER TO MEDICAL DIRECTOR:**

<b>MEDICAL CONSULTANT'S NAME:</b>	<b>DATE:</b>
<b>MEDICAL CONSULTANT'S SIGNATURE:</b>	<b>DATE:</b>
<b>MEDICAL CONSULTANT'S NAME:</b>	<b>DATE:</b>
<b>MEDICAL CONSULTANT'S SIGNATURE:</b>	<b>DATE:</b>
<b>MEDICAL DIRECTOR'S NAME:</b>	<b>DATE:</b>
<b>MEDICAL DIRECTOR'S SIGNATURE:</b>	<b>DATE:</b>

## Approval Letters

### Prior Authorization Approved

Letter is sent if the patient is approved continuation of hospice services. The letter will indicate coverage for a limited period of time (60 days). The provider must submit another prior authorization request 15 days before the end of the 60 day period.

Bobby Jindal  
GOVERNOR



Alan Levine  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

April 23, 2009

[REDACTED]

Re: [REDACTED]

Dear Hospice Provider:

This letter is to confirm that your request for hospice services for the above named recipient has been prior authorized for a 60-day period from 5/4/2009 to 7/2/2009.

Unless the documentation to support the request for continuation of services is received by 6/17/2009 (15 days before the end of the approved service date), these services will be terminated on 7/2/2009.

If you have any questions regarding this correspondence, please contact Paul Williams at (225)342-0325.

Sincerely,

*Kent Bordelon*

Kent Bordelon  
Section Director

c: Hospice Program File

## Prior Authorization Denial Letters

Initial letter is sent if the Registered Nurse review and deny the request for prior authorization.

This letter is sent to request additional documentation;

1. If the previous submission do not provide enough information to render a decision.
2. The provider failed to submit all information on the checklist.
3. There is no evidence of decline in health
4. There is evidence that the patient health has improved to a point where death is not imminent and there is no longer a need hospice services



**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

April 22, 2009

[REDACTED]

Re:

[REDACTED]

Hospice Provider:

This letter is to inform you that your request for continuing hospice services for the period of March 31, 2009 thru May 29, 2009 for the above named recipient has been denied for the following reason:

The medical documentation submitted does not show decline in terminal illness. Most recent updated ADL, MD, nurse's notes, history & physical notes are needed.

If you do not agree with the denial, you must first resubmit documentation to the **DHH Hospice Program Manager** for reconsideration. You must resubmit your request for reconsideration by 05/08/2009, fifteen (15) days from the date of this letter.

If the denial is upheld upon reconsideration, then you have the right to a hearing. Your request for a hearing should be in writing and explain the reason for the request. The reconsideration denial letter must be submitted with the request. The request should be sent directly to the Bureau of Appeals within thirty (30) days of the reconsideration decision date:

**DHH Bureau of Appeals**  
617 North Blvd. First Floor  
Baton Rouge, LA 70821-4182

If you have any questions regarding this correspondence, please contact Paul Williams at (225) 342-0325

Sincerely,

A handwritten signature in cursive script that reads "Kent Bordelon".

Kent Bordelon  
Section Director

## Prior Authorization Denial Letters

Second letter is sent if the Registered Nurse review and deny the request for prior authorization. The case is sent to the physician for review.

This letter is sent as a final denial. The provider can appeal this decision through the Bureau of Appeals.



Bobby Jindal  
GOVERNOR



Alan Levine  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

April 09, 2009

[REDACTED]

Re:

[REDACTED]

Hospice Provider:

This letter is to confirm that your request for a reconsideration for continuing hospice services for the period of December 24, 2008 thru February 21, 2009 for the above named recipient has been denied for the following reason:

The medical documentation submitted does not show decline in terminal illness.

If you do not agree with the denial, then you have the right to a hearing. Your request for a hearing should be in writing and explain the reason for the request. The request should be sent directly to the Bureau of Appeals within thirty (30) days of the reconsideration decision date:

**DHH Bureau of Appeals  
617 North Blvd. First Floor  
Baton Rouge, LA 70821-4182**

If you have any questions regarding this correspondence, please contact Paul Williams at (225) 342-0325.

Sincerely,

Kent Bordelon  
Section Director

## Hospice Appeals

The Hospice program will receive a request for an appeal if a request for prior authorization is denied after a final physician review.

The Hospice Program adheres to all procedures required by the Bureau of Appeals. We must complete a summary of evidence, appear and testify at the scheduled hearings.

## Letters Sent to Facilities (Long term care )

Bobby Jindal  
GOVERNOR



Alan Levine  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

April 22, 2009

[REDACTED]

Re: [REDACTED]

Dear Nursing Facility Provider:

This letter is to confirm that your request for hospice services for the above named recipient has been processed for 4/7/2009 through 4/12/2009. The recipient has limited coverage because the recipient expired on 4/12/2009.

If you have any questions regarding this correspondence, please contact Paul Williams at (225)342-0325.

Sincerely,

*Kent Bordelon*

Kent Bordelon  
Section Director

c: Hospice Program File