

[Health Plan Name/Logo in Header]

## Notice of Denial

September 12, 2019

To the Parents or Guardian of:

**Charlie Brown**  
**123 Snoopy Dr.**  
**Baton Rouge, LA 12345**

Dear Parents or Guardian of **[Charlie Brown]**:

We are writing to tell you that your request for Pediatric Day Health Care (PDHC) for dates of service **09/29/19 to 12/24/19** is denied and **Health Plan** will not pay for 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.

If you have questions, call **Health Plan** at **1-866-123-4567** or **TDD/TTY 111**. **This call is free**. Your doctor also got a copy of this letter, so you can also talk to your doctor.

### **Why won't Health Plan pay for PDHC for 09/29/19 to 12/24/19?**

The name of the criteria and/or regulation used to make the decision is: [Louisiana Medicaid Pediatric Day Health Care Provider Manual](#). According the PDHC Manual, a child under 21 years old must meet all of the following criteria:

- Have a medically complex condition;
- Needs skilled nursing care and;
- Requires any type of therapy by a licensed nurse on an ongoing basis to:
  - preserve and maintain health;
  - prevent death;
  - treat or cure disease;
  - improve disabilities or other adverse health conditions; and/or prolong life.
- Be stable for outpatient medical services in a home or community-based setting.

[Include Health Plan footer info here and page numbers]

We reviewed the records from **Dr. Peppermint Patty and Candy Cane Kids Care** submitted on 09/12/18. The records show:

- You have Ventricular Septal Defect. It is a complex medical condition. Your condition does not require skilled nursing care. Your condition does not require therapy on an ongoing basis.
- Notes show you are on multiple medicines but none have to be given by a licensed nurse and there are no notes that say you are having complications related to your medical condition.
- You are not on oxygen. You do not require tube for feedings. You do not have uncontrolled seizures.

These are only some of the medical needs that would qualify for PDHC Services. Other needs not listed can make someone eligible for PDHC.

Based on the PDHC Provider Manual and medical records reviewed, you do not meet the criteria for PDHC. Because of all the reasons stated, **[Health Plan]** does not think the care is medically necessary.

**Do you have questions?** Call us at **1-866-123-4567** or **TDD/TTY 111**. You may also want to talk to your doctor.

**Does your doctor want to talk to someone about this decision?**

Your doctor can talk to the doctor who made this decision by calling **1-866-123-4567**.

**What can you do if you think [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.

To file an appeal, you can call us at **1-866-123-4567, TDD/TTY 111** or you can send your appeal to:

**Health Plan  
Appeals Department  
987 We Care Blvd.  
Myrtle Beach, SC**

**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 getting your appeal.

You can do the appeal yourself, or you can choose someone else to do the appeal for you. Your representative can be someone you trust such as a lawyer, a family member or friend. You, your representative, or your doctor also has the right to give us information about your appeal.

That information can be in person or in writing. You or your representative can also see your case file both before and during the 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. 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 **Health Plan'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 my 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 **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 Health Plan at 1-866-123-4567, TDD/TTY 111.**

If you need help in another language, call [1-XXX-XXX-XXXX], [TTY XXX] (toll-free). Para obtener ayuda para traducir o entender esta información, sírvase llamar al [1-XXX-XXX-XXXX, TTY XXX], entre 7 a.m. y 7 p.m.

Để được giúp phiên dịch hoặc hiểu phần này, xin gọi số [1-XXX-XXX-XXXX] hoặc [TDD/TTY XXX] trong khoảng từ 7 giờ sáng - 7 giờ chiều.

Sincerely,

[Reviewer Name, Title] [Health Plan]

CC: [Provider Name]