

Organizational Letterhead

[Date]

Member Information

[Member Name or Legal Guardian]

Member Name: [Patient Name]

[Street Address]

Member DOB: [Patient DOB]

[City, State, Zip]

Medicaid ID: [Patient ID]

Denial of Payment to Provider

THIS IS NOT A BILL. YOU CANNOT BE BILLED FOR THE BALANCE OF ANY COVERED SERVICE.

Why am I getting this letter?

You or your representative has asked [MCO name] to pay for [Specify medical services or treatment in plain language].

Our representative reviewed your claim and denied the payment of [list services for which the MCO has denied payment].

How did we make this decision?

This decision is based on a review of the claim by [MCO's Claims Department / a MCO Claims Representative].

[Provide a clear, full, and factual explanation of the reasons for denial in easy-to-understand language. Include whether the benefit is covered, optional, or not covered, along with any responsibility the member may have for payment. Examples of reasons for denial of payment include third-party liability, services from out-of-network providers, additional costs for optional services, and out-of-state services.]

If you want a free copy of any guideline, codes, records, benefit provision, protocol, or any document used to make this decision, call the [MCO Member Services] at [MCO phone #] or [MCO phone #] (TTY). You can also request your medical records free of charge.

Next Steps

You can share a copy of this decision with your provider so you and your provider can discuss next steps. If your provider asked for payment for these services, a copy of this decision also went to your provider.

Questions or Need Help?

Model Notice 13

Denial of Payments to Provider

First, please read the Appeal and Grievance Rights fact sheet with this letter. The fact sheet has more information about your rights and responsibilities under Maryland law.

If you have questions, call us at [MCO phone #] or the HealthChoice Help Line at 1-800-284-4510.

Sincerely,

[MCO Claims Department]

Enclosures

Appeal and Grievance Rights

Non-Discrimination Statement

Language Accessibility Statement