MCC Letterhead

Enrollee Name <Date of Notice>

Address

Address 2

City, State, Zip

**Dear <Member Name>:**

We took a careful look at your appeal. But we’re not able to approve the <amount and type of service denied> that you are asking for. We know this isn’t the outcome you were hoping for. Below is some information to help explain why we made this decision and what you can do next.

The health care provider who asked for this care is <provider’s name>. [*Delete the previous sentence if it is not applicable, and delete this sentence, regardless*.]

**Why we can’t approve this care:**

State and federal laws say TennCare can only pay for care that is covered and medically necessary.Your request for <type of service> doesn’t meet our guidelines for being medically necessary.

**Here’s more information on the guidelines you don’t meet:**

<*Specify in easy-to-understand language each guideline that is not met and explain why each one is not met by this member*.>

**Here’s what TennCare rules say about why this care is not medically necessary:** <<<*Delete any of the five selection(s), below, that do not apply to this decision, and delete this sentence.*

* Your doctor didn’t say you need this care. [TennCare Rule 1200-13-16-.05(1)(a).]
* This care isn’t needed to diagnose or treat your medical problem.

[TennCare Rules 1200-13-16-.05(1)(b) and 1200-13-16-.05(2)-(4).]

* The care isn’t considered safe and effective for you.

[TennCare Rules 1200-13-16-.05(1)(c) and 1200-13-16-.05(5).]

* The care is experimental or investigational. That means there’s not enough proof that it’s safe and that it works for the kind of problem you have.

[TennCare Rules 1200-13-16-.05(1)(d) and 1200-13-16-.05(6).]

* The care isn’t the least costly way to diagnose or treat your problem that will work. [TennCare Rules 1200-13-16-.05(1)(e) and 1200-13-16-.05(7).]>>>

We made this decision using information given to us by your health care provider. Do you want to see your medical records and the guidelines we used to make this decision? You can ask us for them. Just call <MCC Phone Number and office hours.>

<<<*Insert the following text if there is a covered, medically necessary alternative available. If not, delete the following text and these directions.*

Here’s another option:

Ask your health care provider if they think <covered, medically necessary alternative> would be right for you. We think this will work for your health problem. But talk to your health care provider and ask if they will order it.>>>

**What happens next?**

You don’t have to appeal again. You’ll get a fair hearing. A fair hearing is your chance to tell a judge about the mistake you think we made. TennCare will send you a letter telling you when your fair hearing will be.

If you have any questions about this letter, please call us at <MCC Phone number and office hours.>

**< E-signature/typed name of any designated staff member/unit at MCC’s discretion >**