

Tufts Health Plan Medicare Preferred HMO/PPO
Per Diem Provider Lack of Information - Denial of Payment Template

[Date]

[Provider name]

[Provider Address]

[City, state zip]

Re: Denial of Payment Notice

Member Name:

Member ID#:

Dear *[Dr./Provider Name]*:

Tufts Health Plan Medicare Preferred has decided to deny payment for charges related to services rendered to *[Member Name]* by *[Name of hospital]* *[and related physician payment, if applicable]* on *[state specific denied day(s) in question]*. The basis for this denial is a lack of information on the part of your facility.

Tufts Health Plan Medicare Preferred requested clinical information on *[date]* concerning the admission of *[member name]* and did not receive the requested information. As a result, Tufts Health Plan Medicare Preferred was unable to conduct utilization review in accordance with the utilization management program.

Under the terms of your Health Services Agreement, Tufts Health Plan Medicare Preferred requires prompt cooperation with our utilization management program. One element of such cooperation is to timely furnish information necessary to conduct utilization review. Such cooperation is a condition of payment.

Please note that the member may not be billed for these services under the terms of your Tufts Health Plan Provider Health Services Agreement.

If you would like Tufts Health Plan Medicare Preferred to consider reimbursement for future inpatient days, immediately submit your request with all necessary clinical information to *[Case Manager name, phone #, & fax #]* for review. Tufts Health Plan Medicare Preferred will only consider payment for services that are rendered on or after the date that all necessary information is received.

Provider Payment Dispute Information:

If you wish to submit a provider payment dispute related to the above hospital payment *[and related physician payment, if applicable]* decision, please send communication to the following address:

Tufts Health Plan Medicare Preferred
Provider Payment Disputes
P.O. Box 9162
Watertown, MA 02471-9162

Your request must be accompanied by the following:

- A copy of this letter and/or the claim(s) in question, and all necessary clinical information
- Any documentation that refutes our conclusion that this information was not provided

If you have any questions about the Tufts Health Plan Medicare Preferred provider payment dispute process, you may contact the Provider Services Department at 1-800-279-9022.

Respectfully,

[Name]

[Title]

cc: ***[MD or Facility]***

Tufts Health Plan Case Management Department