

NEW HAMPSHIRE MEDICAID ADMISSION NOTICE

Date of Notice:

RE: Name of Patient:  
N H Medicaid Number:  
Admission Date:  
Attending Physician:

Dear \_\_\_\_\_:

\_\_\_\_\_ has reviewed the medical services that you have received for your admission for \_\_\_\_\_. Your attending physician has been advised that these services do not meet Medicaid's coverage guidelines for payment for an inpatient hospital stay. It appears that you can receive treatment in another setting such as a nursing home, the outpatient department of the hospital, in a doctor's office, or at home.

This does not mean that you cannot receive continued medical treatment in the hospital; however, if you decide to remain in the hospital, you will be responsible for payment of all services provided to you by this hospital after receipt of this notice.

Masspro is authorized by the New Hampshire Medicaid program to review inpatient hospital services provided to New Hampshire Medicaid patients.

If you disagree with this decision and you remain in the hospital, you may request, by telephone or in writing, a reconsideration by Masspro. You should make this request directly to Masspro at:

Masspro  
New Hampshire Medicaid Review Department  
245 Winter St.  
Waltham, MA 02451  
Toll Free Phone: 888-895-5996  
Toll Free Fax: 888-895-5845

If you are in the hospital at the time of the request, Masspro will respond to you within three (3) working days of receipt of the request.

You may request a reconsideration at any time during your hospital stay or within sixty (60) days after you are discharged from the hospital. If you are discharged, the reconsideration will be held within thirty (30) working days of receipt of your request.

If Masspro agrees with the hospital's decision, you will be responsible for payment of all services as explained in this notice.

Sincerely,

Hospital Representative

CC: Attending Physician  
Masspro