**Summary**

*Use this space to write the story of the timeline events. An example has been provided below with the names of the patient, provider, and DME omitted.*

Patient met with rehab team and *DME* provider to come up with the best lift option. *DME* doesn’t do ceiling lifts, so they referred us to *Contact* with *DME 2*.

*Contact* with *DME 2* visited on *DATE* to measure for the *Brand* ceiling lift for patient. Bid/estimate and room layout was provided at that time.

*Contact* submitted the request to *Health Insurance 1* and it was denied (see detail below).

*Contact* then submitted the request to *Health Insurance 2*. We got back an authorization (see below in timeline) from *Health Insurance 2* authorizing the work. When *Contact* asked for payment reimbursement from *Health Insurance 2* they started back paddling and saying it was probably a home mod and we need to call DOH. But in addition, *Health Insurance 2* is saying we now need to do a home assessment with *Accessibility Consultant*. I figured UHC would say it was a home modification, so I had already started that process with DOH as well. DOH said no need for *Accessibility Consultant* to come do an assessment since you already did one with *Contact*. DOH just needs a denial or an approval or partial approval from *Health Insurance 2* to start a home mod for the ceiling lift.

There is confusion as to why *Health Insurance 2* is asking for the home assessment from *Accessibility Consultant* if they think this is a home mod that they won’t cover and just pass off to DOH.

**TIMELINE:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Brief description of event

Date

* Additional information
* Variety of examples included below
* Be sure to include the following items to be used as exhibits: scans, screen shots, and photos of emails, messages, estimates, invoices, letters, etc.
* Be sure all correspondence is organized in this document including any notes you may take regarding the conversation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicaid denied monthly replacement parts

October 6, 2020

* Contacted by rep. to inform us that Medicaid (CMS) has denied us (and many other families) for monthly circuits (tubing, mask, filter)
* Rep asked me to write a letter to Medicaid detailing why we need these items
* Will mail us a packet of information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contacted Pulmonary Team (via mychart message)

October 7, 2020

*Include image of letter/response/communication here:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received Letter from (DME)

October 10, 2020

* Received letter from *(point of contact*) requesting us to send a person letter to Medicaid.
	+ - Included in the envelope was the Appointment of Representative Form which was signed and emailed back to her
* Letter saved as MS/CS Vital Cough Appeal Letter, emailed to *(point of contact)* on 10/13/2020

Spoke with *(point of contact),* she said this is specifically an issue with IL Medicaid. They are trying to fight it, referred to this as a pilot project. I informed her about EPSDT and informed her that I will do everything I can to help. Will wait for response from CMS