VERMONT

State of Vermont
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston, VT 05495-2087

Agency of Human Services

NOTICE OF DECISION - Prior Authorization Denial
Department of Vermont Health Access

Date: [redacted]

Test Template
1234 Template Test Dr
Ste 4
Test City, IL 60510

This letter is important. If you do not understand it, take it to your local office for help.
Cette lettre est importante. Si vous ne la comprenez pas, apportez-la à votre bureau local pour recevoir de l'aide.
Esta carta es importante. Si no la entiende, llévela a su oficina local para solicitar ayuda.
Это важное письмо. Если вам оно непонятно, возьмите его и обратитесь за помощью в местное отделение.
Ovaj dopis je važan. Ukoliko je nerazumljiv za vas onda ga ponesite i obratite se lokalnoj kancelariji za pomoć.
Laù thö naøy raát quan troïng. Neáu quyù vò khoâng hieâu noäi dung trong ñoù, haøy ñem thö naøy ñeán vaên phoøng taïi ñòa phöông cuûa quyù vò ñeå ñöôïc giuùp ñôõ.

Dear **Test Template**,

Catamaran™, working with the Department of Vermont Health Access (DVHA), has received your request from [redacted], **MD** that the State pay for [redacted] [redacted] in a quantity of [redacted] for a [redacted] day supply.

The request was denied because it did not meet criteria per Medicaid Rule 7102.

If you have questions regarding this letter, please contact [redacted], **MD.**

Prior Authorization Services
Catamaran

If you disagree with this decision, your provider may request a reconsideration. You may request an internal appeal and/or a fair hearing before the Human Services Board. Please refer to page 2 for additional information.

catamaran