

Humana

Humana Medicare Advantage
P.O. Box 14601, Lexington, KY 40512-4601

NOTICE OF ADVERSE BENEFIT DETERMINATION

Date: January 22, 2026

Member Name: ■■■■■■■■■■■■■■■■■■■■

Member ID: ■■■■■■■■■■■■■■ Date of Birth: ■■/■/■■■■■

Date of Service: 01/15/2026 Facility: ■■■■■■■■■■■■ SNF **DO NOT COPY**

Attending Physician: ■■■■■■■■■■■■, MD Patient information. Stop before this section.

Start copying here. Stop before patient header above.

COPY EVERYTHING BEL

DETERMINATION:

Based on our review, continued skilled nursing facility services are not medically necessary. The member has demonstrated a stable condition and the current level of care can be safely managed in a lower level setting. Our review was conducted using Humana's clinical review criteria and applicable Medicare coverage guidelines.

The skilled services described in the treatment plan do not meet the definition of skilled care as outlined in the Medicare Benefit Policy Manual. Maintenance-level services do not require the continuous involvement of skilled nursing or rehabilitation personnel.

- ✓ Clinical reason
- ✓ Criteria referen
- ✓ Policy citation (
- ✓ Determination I

APPEAL RIGHTS:

You have the right to appeal this determination. To file an appeal, submit a written request within 60 days of the date of this notice...

[Standard appeal rights boilerplate continues]

Step 1: Copy everything inside the red box.

Do not include patient information above or appeal rights below.

What to Include

Look for these elements in the denial reasoning section.

- ✓ Policy citations (Medicare Benefit Policy Manual, Clinical Policy Bulletin)
 - ✓ Clinical reasoning (medical necessity language, level of care determination)
 - ✓ Criteria references (InterQual, MCG, internal review criteria)
 - ✓ Determination language (denied, does not meet, not medically necessary)
 - ✓ Algorithm or tool references (naviHealth, clinical review team findings)
 - ✓ Condition assessments (plateau, maintenance level, stable condition)
-

Stop before:

- ✗ Patient name, date of birth, member ID, or Social Security number
- ✗ Provider or facility identifying information (if avoidable)
- ✗ Billing codes or charge amounts (unless part of the denial reasoning)
- ✗ Appeal instructions or boilerplate legal text

If you're unsure, copy more.

The engine only checks what the denial says against the policy.

Extra context does not affect the verification.

Including a few extra lines will not change your results.

Copy the entire denial reasoning section.

We handle the rest.

The only thing to avoid is patient identifying information
(names, dates of birth, member IDs).

If some slips in, it will not be stored. But it is best practice to exclude it.