Appealing a Reduction Termination or Denial of Managed Care Services

DISABILITY RIGHTS NEW JERSEY

ADVANCING JUSTICE. ADVOCATING INCLUSION.

Today's Presenters

Jill Hoegel, Presenter, Managing Advocate, Community Inclusion Issue Team, PADD Coordinator

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About Disability Rights New Jersey

Disability Rights New Jersey is a private, non-profit, consumer-directed organization established to:

- Advocate for and advance the human, civil and legal rights of citizens of NJ with disabilities;
- Promote public awareness and recognition of individuals with disabilities as equally entitled members of society;
- Advise and assist persons with disabilities, family members, attorneys and guardians in obtaining and protecting the rights of individuals with disabilities; and
- Provide education, training and technical assistance to individuals with disabilities, the agencies that serve them, advocates, attorneys, professionals, courts and others regarding the rights of individuals with disabilities.

What we will cover

- How to file appeals and preserve your rights when a managed care organization denies, reduces, or terminates your benefits.
- Internal appeals process
- Getting to a Fair Hearing
- Continuation of Benefits during your appeal

Definitions

- MCO – Managed Care Organization (ie: Horizon, United, Amerigroup, Aetna, Wellcare)
- ABD – Adverse Benefit Determination
- COB – Continuation of Benefits. This means, if you already receive an ongoing Medicaid service, it is possible to continue receiving the service during the appeal

What is a Notice of Adverse Benefit Determination?

Any time your managed care company denies, reduces, limits, or terminates a Medicaid service

Examples:

- You have been receiving 35 hours per week of PCA, but the MCO does a reassessment and reduces the service to 15 hours per week.

- Your MCO terminates coverage for acute rehabilitation because they believe you are no longer benefitting.

- Your MCO denies pre-authorization for a surgery your doctor has prescribed because the MCO thinks it is not medically necessary.

Appealing a Denial, Reduction or Termination of Services

- Your Managed Care Organization (MCO) must provide a written notice of a denial, reduction or termination of service, called a "Notice of Adverse Benefit Determination."

- Your MCO must mail the Notice of Adverse Benefit Determination at least 10 days before the date of the action.

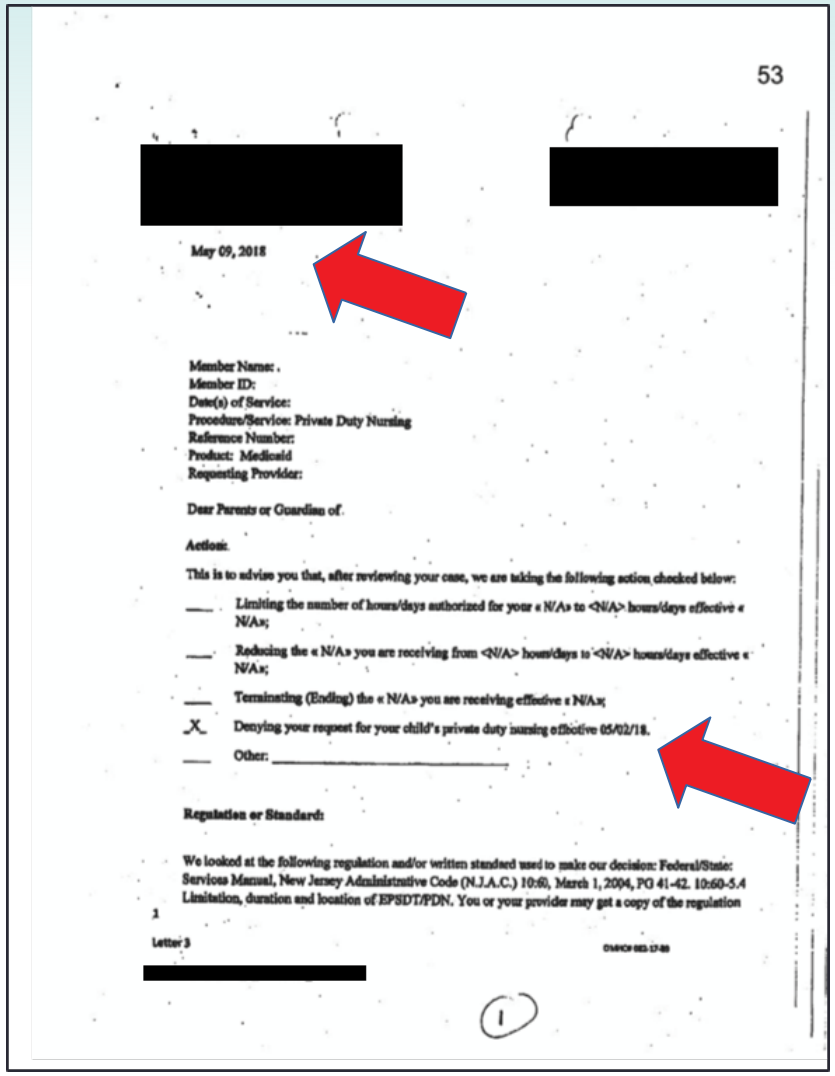
- The notice will explain how to challenge your change in benefits using an internal appeal.

What are your rights?

Your MCO must provide:

- Reasonable assistance to help you file an appeal. (Interpreters, TTY, auxiliary aids, etc.)
- Confirmation that the MCO received your appeal
- A free copy of your entire case file from the MCO in advance of the deadline to file an appeal
- The opportunity to submit new documents that were not considered at the time of the initial decision
- The opportunity to present documents, testimony and arguments in person
- Have the assistance of a representative of your choosing in the appeal.

Notice of Adverse Benefit Determination



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[redacted]

May 09, 2018

Member Name: .
Member ID:
Date(s) of Service:
Procedure/Service: Private Duty Nursing
Reference Number:
Product: Medicaid
Requesting Provider:

Dear Parents or Guardian of

Action:

This is to advise you that, after reviewing your case, we are taking the following action checked below:

___ Limiting the number of hours/days authorized for your « N/A» to <N/A> hours/days effective « N/A»;

___ Reducing the « N/A» you are receiving from <N/A> hours/days to <N/A> hours/days effective « N/A»;

___ Terminating (Ending) the « N/A» you are receiving effective « N/A»;

X Denying your request for your child's private duty nursing effective 05/02/18.

___ Other: _____

Regulation or Standard:

We looked at the following regulation and/or written standard used to make our decision: Federal/State: Services Manual, New Jersey Administrative Code (N.J.A.C.) 10:60, March 1, 2004, PG 41-42. 10:60-5.4 Limitation, duration and location of EPSDT/PDN. You or your provider may get a copy of the regulation

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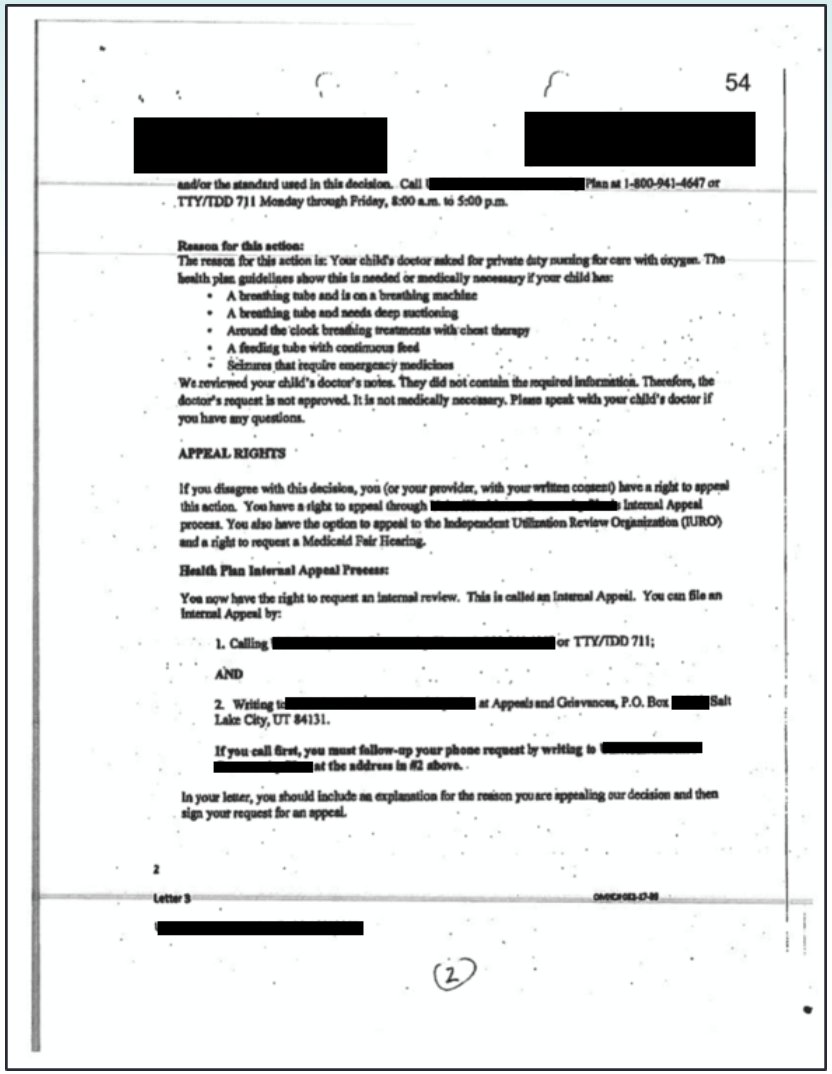
Letter 3

[redacted]

(1)



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[redacted]

and/or the standard used in this decision. Call [redacted] Plan at 1-800-941-4647 or TTY/TDD 711 Monday through Friday, 8:00 a.m. to 5:00 p.m.

Reason for this action:
The reason for this action is: Your child's doctor asked for private duty nursing for care with oxygen. The health plan guidelines show this is needed or medically necessary if your child has:

- A breathing tube and is on a breathing machine
- A breathing tube and needs deep suctioning
- Around the clock breathing treatments with chest therapy
- A feeding tube with continuous feed
- Seizures that require emergency medicines

We reviewed your child's doctor's notes. They did not contain the required information. Therefore, the doctor's request is not approved. It is not medically necessary. Please speak with your child's doctor if you have any questions.

APPEAL RIGHTS

If you disagree with this decision, you (or your provider, with your written consent) have a right to appeal this action. You have a right to appeal through [redacted] Internal Appeal process. You also have the option to appeal to the Independent Utilization Review Organization (IURO) and a right to request a Medicaid Fair Hearing.

Health Plan Internal Appeal Process:

You now have the right to request an internal review. This is called an Internal Appeal. You can file an Internal Appeal by:

1. Calling [redacted] or TTY/TDD 711;

AND

2. Writing to [redacted] at Appeals and Grievances, P.O. Box [redacted] Salt Lake City, UT 84131.

If you call first, you must follow-up your phone request by writing to [redacted] at the address in #2 above.

In your letter, you should include an explanation for the reason you are appealing our decision and then sign your request for an appeal.

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Letter 3

[redacted]

(2)

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Continuation of Benefits (COB)

To keep your current services during the appeal process, you must file an appeal to your MCO either:

- 10 days from the date on the Notice of Adverse Benefit Determination; OR
- Before the effective date of the proposed Notice of Adverse Benefit Determination.
    - Check with the service provider to find out the effective date of the current service authorization.
- Not automatic during the appeal process.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

First Step: Internal Appeal

- An internal appeal is the first step in the appeal process.
- The internal appeal is asking the MCO to take a second look at its decision.

MCO Contact Information
(Accurate as of 7/31/2019)

- United Healthcare Community Plan 1-800-941-4647
- Horizon NJ Health - 1-800-682-9090
- Aetna Better Health NJ - 1-855-232-3596
- Amerigroup -1-800-600-4441
- WellCare - 1-888-453-2534

- Always document your phone calls with the MCO – time, name, employee name, ID number, and reference number for the call.

Internal Appeal Process

If you want your benefits to continue, you must request the internal appeal within 10 days of the date of your adverse benefit determination notice, or before the effective date.

- You may request an internal appeal to the MCO within 60 calendar days of the date on the Notice of Adverse Benefit Determination.
- An appeal made by telephone establishes the date of the appeal but must be confirmed in writing.
- Even though an MCO sometimes accepts the telephone appeal without written confirmation, you should appeal in writing to ensure you do not lose your right to an appeal.

Example of Written Follow Up

Dear Managed Care Organization,
I received a notice that my personal care services were being reduced effective May 2, 2018. The notice was dated May 8, 2018. I called to file an internal appeal on May 14, 2018 because I still need all of my personal care services, my condition has not improved. I requested a continuation of my current benefits. I am attaching a letter of medical necessity from my doctor, and a letter from my caregiver agency documenting that my need for service remains the same. Please reverse the reduction of services.

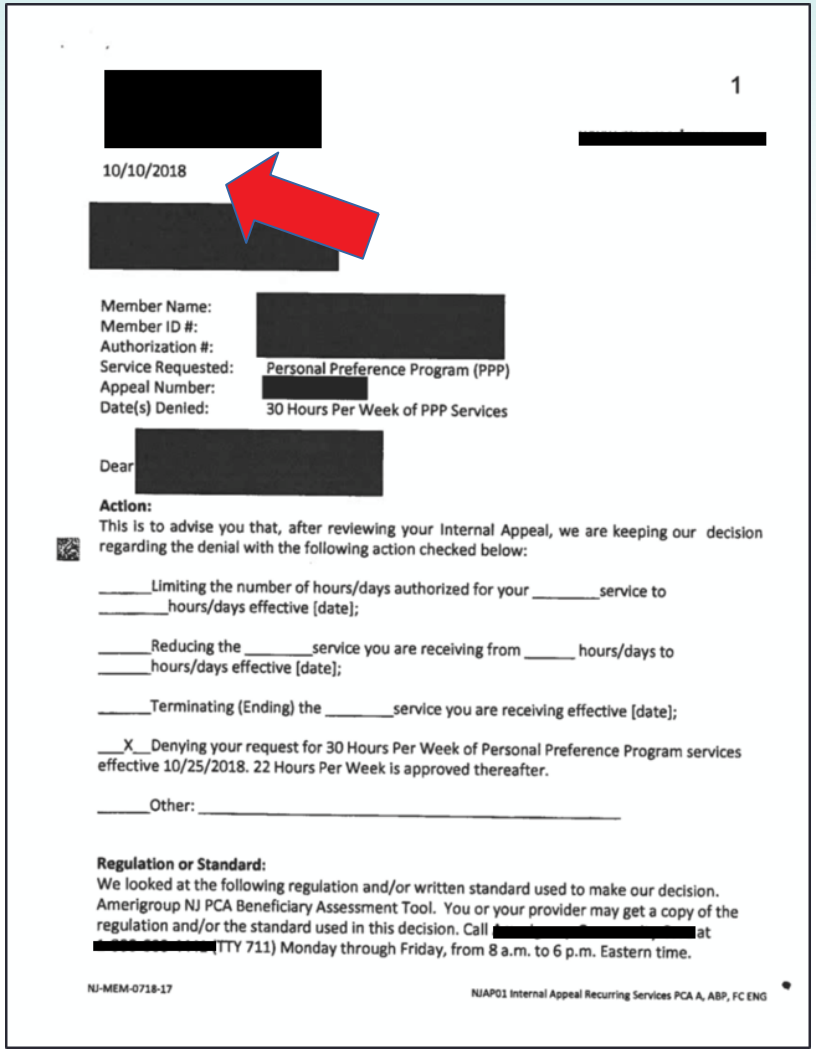
Sincerely,

Jane Doe

Internal Appeal Process

- You should send whatever supporting documentation or additional information you have with the written appeal.
- Within 30 days of requesting an internal appeal, the MCO will send a written notice of their decision, known as a Notice of Resolution.
- To challenge the Notice of Resolution, you must request a Medicaid Fair Hearing.

Notice of Resolution



[redacted]

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[redacted]

10/10/2018

[redacted]

Member Name: [redacted]
Member ID #:
Authorization #:
Service Requested: Personal Preference Program (PPP)
Appeal Number: [redacted]
Date(s) Denied: 30 Hours Per Week of PPP Services

Dear [redacted]

Action:
This is to advise you that, after reviewing your Internal Appeal, we are keeping our decision regarding the denial with the following action checked below:

_____Limiting the number of hours/days authorized for your _____service to _____hours/days effective [date];

_____Reducing the _____service you are receiving from _____ hours/days to _____hours/days effective [date];

_____Terminating (Ending) the _____service you are receiving effective [date];

___X__Denying your request for 30 Hours Per Week of Personal Preference Program services effective 10/25/2018. 22 Hours Per Week is approved thereafter.

_____Other: _____

Regulation or Standard:
We looked at the following regulation and/or written standard used to make our decision. Amerigroup NJ PCA Beneficiary Assessment Tool. You or your provider may get a copy of the regulation and/or the standard used in this decision. Call [redacted] at [redacted] TTY 711) Monday through Friday, from 8 a.m. to 6 p.m. Eastern time.

NJ-MEM-0718-17 NJAP01 Internal Appeal Recurring Services PCA A, ABP, FC ENG

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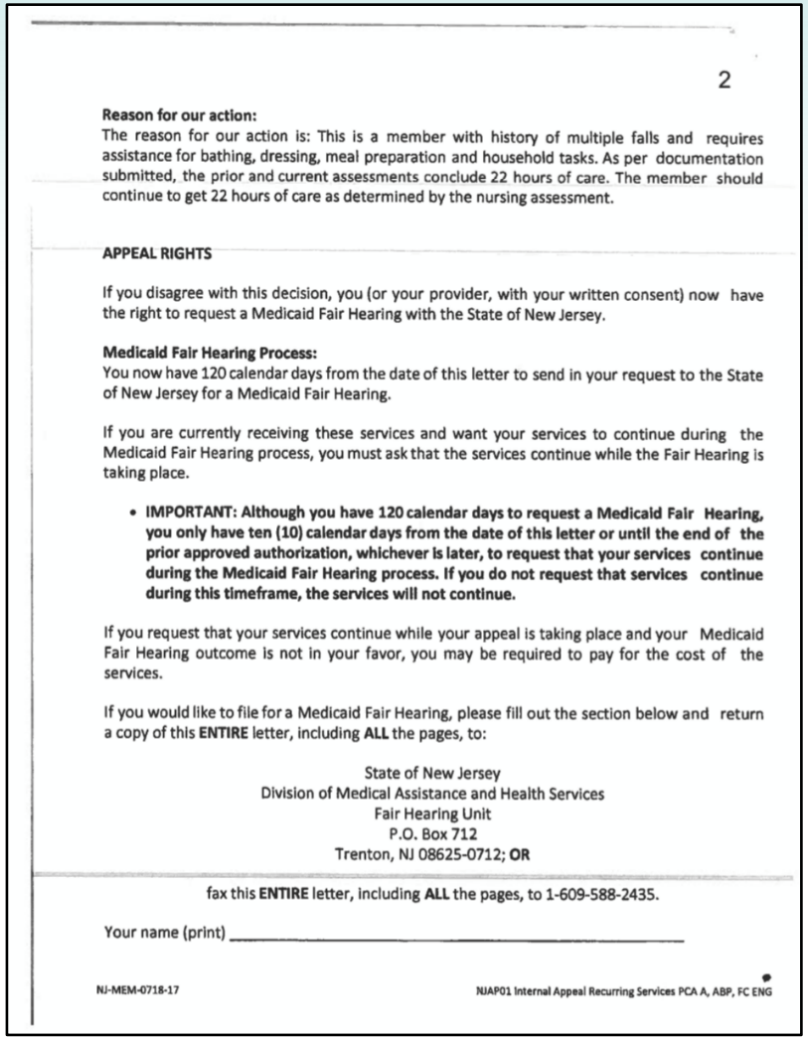
Medicaid Fair Hearing

- You must submit a written request to the Division of Medical Assistance & Health Services (DMAHS) within 120 calendar days of the date on the MCO's Notice of Resolution.

- Your Notice of Resolution will explain how to properly request a Medicaid Fair Hearing.

Medicaid Fair Hearing Request Form



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Reason for our action:
The reason for our action is: This is a member with history of multiple falls and requires assistance for bathing, dressing, meal preparation and household tasks. As per documentation submitted, the prior and current assessments conclude 22 hours of care. The member should continue to get 22 hours of care as determined by the nursing assessment.

APPEAL RIGHTS

If you disagree with this decision, you (or your provider, with your written consent) now have the right to request a Medicaid Fair Hearing with the State of New Jersey.

Medicaid Fair Hearing Process:
You now have 120 calendar days from the date of this letter to send in your request to the State of New Jersey for a Medicaid Fair Hearing.

If you are currently receiving these services and want your services to continue during the Medicaid Fair Hearing process, you must ask that the services continue while the Fair Hearing is taking place.

- **IMPORTANT: Although you have 120 calendar days to request a Medicaid Fair Hearing, you only have ten (10) calendar days from the date of this letter or until the end of the prior approved authorization, whichever is later, to request that your services continue during the Medicaid Fair Hearing process. If you do not request that services continue during this timeframe, the services will not continue.**

If you request that your services continue while your appeal is taking place and your Medicaid Fair Hearing outcome is not in your favor, you may be required to pay for the cost of the services.

If you would like to file for a Medicaid Fair Hearing, please fill out the section below and return a copy of this **ENTIRE** letter, including **ALL** the pages, to:

State of New Jersey
Division of Medical Assistance and Health Services
Fair Hearing Unit
P.O. Box 712
Trenton, NJ 08625-0712; **OR**

fax this **ENTIRE** letter, including **ALL** the pages, to 1-609-588-2435.

Your name (print) _____

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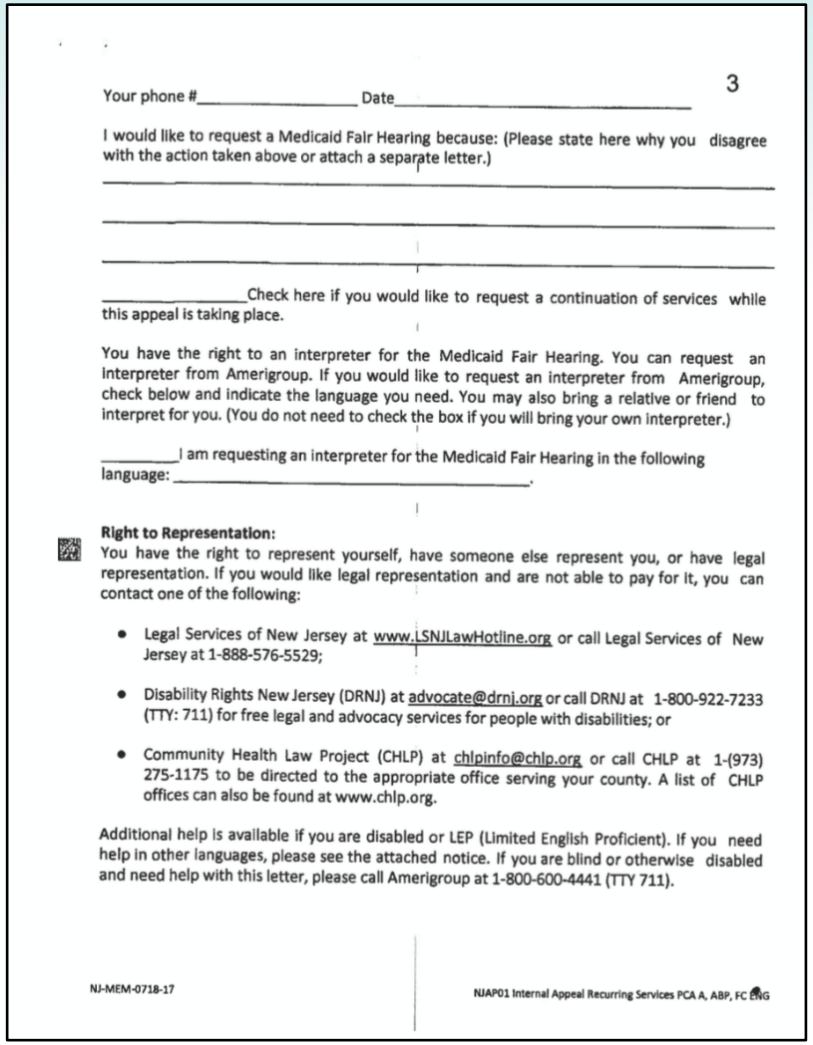

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Your phone #_____ Date_____

I would like to request a Medicaid Fair Hearing because: (Please state here why you disagree with the action taken above or attach a separate letter.)

_____

_____

_____

_____Check here if you would like to request a continuation of services while this appeal is taking place.

You have the right to an interpreter for the Medicaid Fair Hearing. You can request an interpreter from Amerigroup. If you would like to request an interpreter from Amerigroup, check below and indicate the language you need. You may also bring a relative or friend to interpret for you. (You do not need to check the box if you will bring your own interpreter.)

_____I am requesting an interpreter for the Medicaid Fair Hearing in the following language: _____.

Right to Representation:
You have the right to represent yourself, have someone else represent you, or have legal representation. If you would like legal representation and are not able to pay for it, you can contact one of the following:

- Legal Services of New Jersey at www.LSNJLawHotline.org or call Legal Services of New Jersey at 1-888-576-5529;
- Disability Rights New Jersey (DRNJ) at advocate@drnj.org or call DRNJ at 1-800-922-7233 (TTY: 711) for free legal and advocacy services for people with disabilities; or
- Community Health Law Project (CHLP) at chlpinfo@chlp.org or call CHLP at 1-(973) 275-1175 to be directed to the appropriate office serving your county. A list of CHLP offices can also be found at www.chlp.org.

Additional help is available if you are disabled or LEP (Limited English Proficient). If you need help in other languages, please see the attached notice. If you are blind or otherwise disabled and need help with this letter, please call Amerigroup at 1-800-600-4441 (TTY 711).

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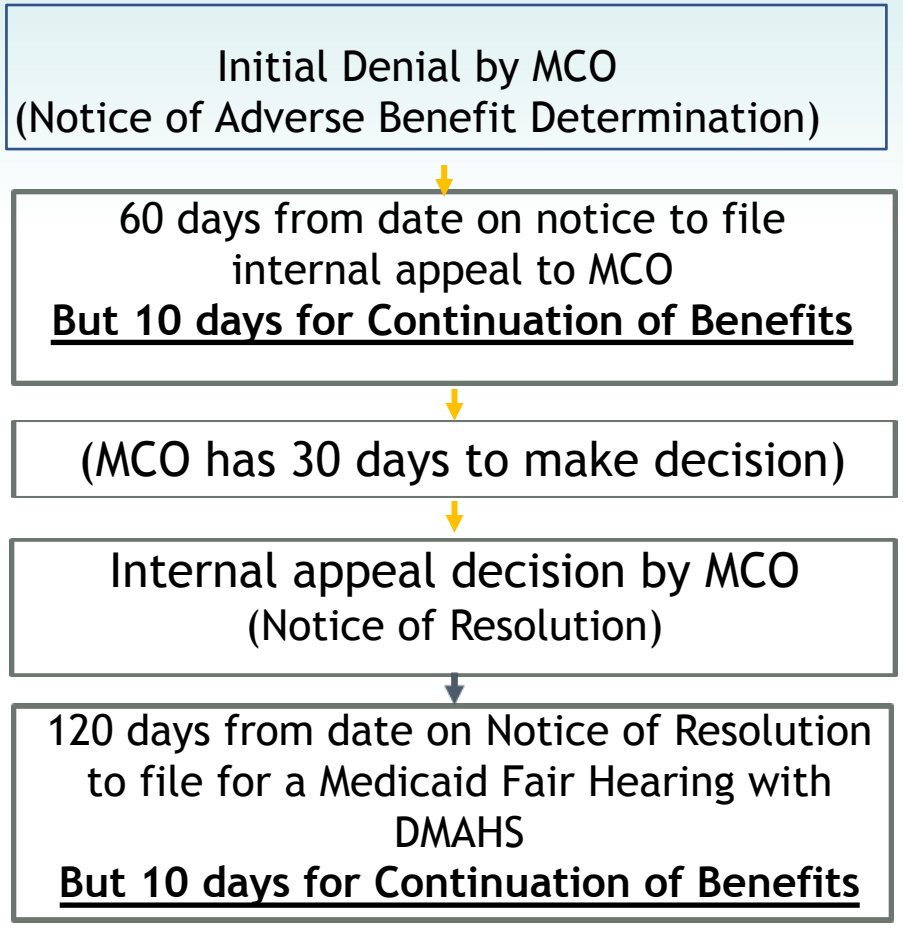
Appeal Process Summary



WARNING!

- YOU CAN LOSE YOUR RIGHT TO CONTINUE RECEIVING SERVICES DURING THE APPEAL IF YOU DO NOT REQUEST CONTINUATION BEFORE THE DEADLINE!!!
- You must request continuation within 10 days of the date on the initial notice.
- If the internal appeal is not successful, you must request continuation AGAIN within 10 days of the date on the Notice of Resolution

Common Problems

- My Medicaid service was reduced, stopped, or denied, but I never received a written notice from my MCO.

- I requested an internal appeal or Medicaid Fair Hearing within 10 days of the date and asked for my services to continue, but they stopped anyway.

If you have faced either of these problems, call DMAHS Quality Monitoring at (609) 588-7379.

Expedited Appeals

- You or your service provider may request an expedited appeal when the MCO determines, or the service provider indicates, that taking the time for a standard resolution could seriously jeopardize your life, physical or mental health, or ability to attain, maintain, or regain maximum function.

- Your MCO must make a decision within 72 hours of receiving the expedited appeal request.

Questions?

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Contact Us

DISABILITY RIGHTS NEW JERSEY
210 South Broad Street, 3rd Floor
Trenton, New Jersey 08608
800-922-7233 (toll free in NJ only)
609-292-9742
609-777-0187 FAX or
609-633-7106 TTY
advocate@disabilityrightsnj.org

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