

Appealing a Reduction, Termination or Denial of Managed Care Services

Background

- New Jersey operates a Medicaid program in partnership with the federal government to provide medical assistance to those who need it most.
- People eligible for Medicaid must enroll with one of five Managed Care Organizations, or MCOs. The MCO contracts with the state to maintain a network of providers and to make payment for Medicaid services. The MCOs are named United Healthcare Community Plan, Horizon NJ Health, WellCare, Aetna, and Amerigroup.

All MCOs must follow the same basic rules when they reduce, terminate, or deny Medicaid services.

Written Notice

- Before your Managed Care Organization changes your services, they must send you a written notice of the action they want to take. The notice must explain why your services were reduced, terminated, or denied.
- This notice will also explain how to request an appeal challenging your change in benefits. This is called an internal appeal.

Requesting Internal Appeal

- You should look closely at the date of your notice and the effective date of the adverse benefit determination. You may request an internal appeal up to 60 days from the date on your notice. If you want to continue receiving benefits throughout the internal appeal process, **you must request your internal appeal within 10 days of the date on your notice, or before the date the change goes into effect, whichever is later.**
- To make an internal appeal request, you must:
 1. Call the MCO at the phone number listed in the written notice and request an internal appeal, **AND**
 2. Send the MCO a written appeal by certified mail (or any other mail with a tracking number). Include any supporting documents or additional information that supports your need for the service with your written internal appeal.
 3. Save a copy of the tracking number and everything you send for your records.
 4. Any time you call your MCO, write down the name of the person you talk to and keep a record of the date and time of your call.
- Once you submit your internal appeal request, your MCO will usually make a decision on your internal appeal within 30 days of receiving your request.

Medicaid Fair Hearing

- Within 30 days of requesting your internal appeal, your MCO will send you a written notice explaining their decision. This is called a Notice of Resolution. After receiving your Notice of Resolution, you may request a Medicaid Fair Hearing to challenge the reduction, termination, or denial of your benefits. You cannot request a Medicaid Fair Hearing until **AFTER** you have received a Notice of Resolution from the internal appeal.
- To request a Medicaid Fair Hearing, you must submit a written request to the New Jersey Division of Medical Assistance and Health Services. Your Notice of Resolution will explain how to request a Medicaid Fair Hearing. The form to request a Fair Hearing is included in the Notice of Resolution. You can use this form to request a continuation of services while your appeal is taking place.

Mail the complete copy of the Notice of Resolution along with the filled-in request for a Medicaid Fair Hearing to:

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

Or fax the complete copy to (609) 588-2435.

- Like your written notice, you should look closely at the date on your Notice of Resolution. You may request a Medicaid Fair Hearing up to 120 days from the date on your Notice of Resolution. If the MCO letter states that a service you are receiving is going to be reduced or stopped, and you want the service to continue while you appeal, **you must request your Medicaid Fair Hearing within 10 days of the date on your Notice of Resolution.**
- The Division of Medical Assistance and Health Services will send you a letter telling you that the Medicaid Fair Hearing request has been “transmitted” to the Office of Administrative Law. About two to three weeks later, you should receive a letter from the Office of Administrative Law with a time and location for your Medicaid Fair Hearing.

Common Problems

Q: My MCO reduced or stopped a service I have been receiving, or will not give me all of the services I asked for, but I never received any written notice. What should I do?

A: Contact the Division of Medical Assistance and Health Services Office of Quality Monitoring at 609-588-7379 to receive assistance in receiving the required notice from the MCO and having your existing services restored during your appeal.

Q: I requested an Internal Appeal or Medicaid Fair Hearing within 10 days of the date on the notice and asked for services to continue, but they stopped anyway. What should I do?

A: Contact the Division of Medical Assistance and Health Services Office of Quality Monitoring at 609-588-7379 to receive assistance in having your services restored during your appeal.

Q: I requested a new service or procedure from my MCO and they denied my request. If I wait for an appeal decision my life or health will be in danger. Can this process go faster?

A: You may request an expedited appeal if the 30-day timeframe for deciding an internal appeal would seriously jeopardize your life, physical health, mental health, or ability to attain/maintain your maximum level of functioning. People usually request an expedited appeal only if they are not currently receiving the requested services.

If you are granted an expedited appeal, the MCO must make a decision within 72 hours of receiving your internal appeal request

Contact Us

You can reach Disability Rights New Jersey at:

(800) 922-7233 (toll-free in New Jersey only) or
(609) 292-9742
(609) 633-7106 (TTY)
advocate@drnj.org