

## **THE NJ FAMILYCARE HEALTH PLAN APPEAL PROCESS IS CHANGING!**

Beginning July 1, 2017, the New Jersey Managed Care Organization appeal process for denials of health care services will be different because of changes to the federal rules that the managed care health plans must follow. The managed care health plans and the State know the new rules. You should know that, if you request an appeal or Medicaid Fair Hearing for health care services on or after July 1, 2017, your health plan will guide you through the process.

### **Q. Why did the Managed Care Organization appeal process change?**

A. The federal government recently changed the laws regarding appeals by members of managed health care plans. The NJ FamilyCare health plans and the State must all follow those laws. The State changed its contract with all the health plans who participate in the NJ FamilyCare program to comply with those new federal laws.

### **Q – What is changing?**

- **The timeframe for you (or your provider acting on your behalf) to request an Internal (Stage 1 or Level 1) Appeal will be shortened to 60 calendar days (from 90 days) after your health plan sends you a denial letter;**
- **The Stage 2 or Level 2 Appeal will be eliminated;**
- **The timeframe for you to request an external appeal (previously known as a Stage 3 or Level 3 Appeal) will be shortened to 60 calendar days (from four months) after you get a denial letter from your health plan;**
- **If you want continuation of benefits during the external appeal, and you are already receiving the services, you must request that your services continue on or before the final day of your previously approved authorization, or within 10 calendar days of the date of your denial letter from the health plan, whichever is later.**
- **The timeframe for you to request a Medicaid Fair Hearing (if you are eligible for this) will be extended to 120 calendar days (from 20 calendar days) after you get an internal appeal denial letter from your health plan;**
- **If you are eligible for a Medicaid Fair Hearing, you must request a Medicaid Fair Hearing after the results of your internal (Stage 1 or Level 1) appeal, if the outcome of that appeal is not in your favor. In the past, you could request a Medicaid Fair Hearing at any time during your appeal. You must now wait for the result of the internal appeal.**

- **If you want continuation of benefits during the Medicaid Fair Hearing, and you are already receiving the services, you, or your provider acting on your behalf, must request continuation of benefits within ten (10) calendar days of the date of the denial letter from the health plan, or until the end of the prior approved authorization, whichever is later. This is true even though you have 120 calendar days to request a Medicaid Fair Hearing.**

**Q. How do I request an External Appeal if I am unhappy with a decision on my internal appeal made by my managed care health plan regarding my healthcare services?**

A. The second step in the Managed Care Appeal Process (after you appealed to your health plan and did not get a decision you liked) is to file an external appeal through the NJ Department of Banking and Insurance (DOBI). DOBI will send your case to an Independent Utilization Review Organization (IURO). An independent physician will review your case. You (or your provider, with your written consent) can file this type of external appeal.

To request that the IURO review your appeal, you **must** complete the External Appeal Application that your health plan will provide with the denial letter they send you and return the application and the letter within 60 days of receipt of that letter to the following address:

NJ Department of Banking and Insurance  
Consumer Protection Services  
Office of Managed Care  
P.O. Box 329  
Trenton, New Jersey 08625-0329

### **IMPORTANT**

- **You may not file an external appeal by telephone. You must file an external appeal in writing, using the External Appeal Application that will be enclosed with the appeal adverse outcome letter.**
- **If the External Appeal Application is missing from the appeal adverse outcome letter, you should call the NJ Department of Banking and Insurance's toll-free telephone number 1-888-393-1062. You can also call that toll-free number with any questions about how to file an external appeal.**

Although you have 60 days to file an external appeal, here is what you must do if you are receiving those health services from your health plan and want your services to continue automatically during the external appeal. You must request your external appeal on or before the final day of the previously approved authorization by your health plan, or you must request your external appeal within 10 calendar days of the date of the denial letter from your health plan, whichever is later. **If you do not request your external appeal within that timeframe, the services will not continue during the appeal.**

**Q. What if I am already in the appeal or Medicaid Fair Hearing process on or before June 30, 2017? What if I request an appeal or Medicaid Fair Hearing on June 30, 2017?**

**A.** If you are already in the appeal or Medicaid Fair Hearing process on or before June 30, 2017, or you request an appeal or Medicaid Fair Hearing on June 30, 2017, you will follow the process that was in effect before July 1, 2017. The health plans and the State will honor the timeframes and steps through the appeal and Medicaid Fair Hearing process that were in place before the July 1, 2017 changes.