



Appeals for Duals

(focus on NHP Integrity)

Sam Salganik

Rhode Island Parent Information Network

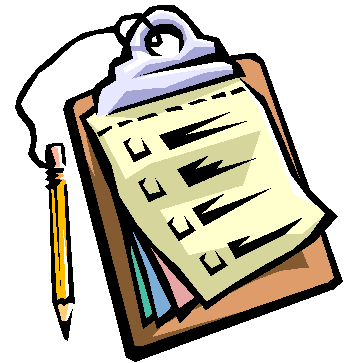
salganik@ripin.org

401-270-0101 x 131

September 29, 2016

AGENDA

- (1) Reference Resources
- (2) Medicare & Medicaid – Who Pays for What??
- (3) Medicare & Medicaid Appeals (before NHP Integrity)
- (4) NHP Integrity Appeals
- (5) Notices
- (6) Medicaid Eligibility Appeals
- (7) Reference Resources (Again!)





Reference Resources

- NHP Integrity Member Handbook
- EOHHS Rule 1475
- Three Way Contract

All available at www.HealthcareRightsRI.org/ResourceHub

BEST RESOURCE - Read the notice sent to the consumer!!!

Medicare & Medicaid

Who Pays for What?

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JOHN DOE

MEDICARE CLAIM NUMBER **000-00-0000-A** SEX **MALE**

IS ENTITLED TO **HOSPITAL (PART A)** EFFECTIVE DATE **01-01-2007**
MEDICAL (PART B) EFFECTIVE DATE **01-01-2007**

SIGN HERE → _____

SAMPLE

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES
MEDICAL ASSISTANCE IDENTIFICATION CARD

RECIPIENT NAME _____ VER _____

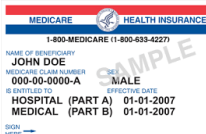
MID _____ CARR _____ DOB _____

SAMPLE

Who Pays for What for Duals?

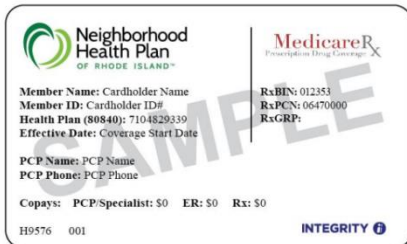
Original Medicare + FFS Medicaid
Medicare is primary, Medicaid is secondary.

Service	Medicare	Medicaid
Hospitals	Part A covers \$1,288 deductible per stay	Pays secondary, covers deductible
Doctors Visits	Part B covers 80% of cost	Pays secondary, covers co-insurance if Medicaid rate > 80% of Medicare rate
Drugs	Part D (and Extra Help) covers Copays of \$1.20 / \$3.30	No coverage
Nursing Home	Part A covers SNF after hosp. 20 days full / 80 days partial	Fully covers long-term nursing
Home Care	Mostly covers “skilled” nursing care, some PT/OT/etc.	Also covers personal care and homemaker services




Who Pays for What for Duals?

With NHP Integrity



Service	NHP Integrity
Hospitals	✓
Doctors Visits	✓
Drugs	✓
Nursing Home	✓
Home Care	✓

Medicare & Medicaid Appeals Without NHP Integrity

MEDICARE  **HEALTH INSURANCE**

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JOHN DOE

MEDICARE CLAIM NUMBER **000-00-0000-A** SEX **MALE**

IS ENTITLED TO **HOSPITAL (PART A)** EFFECTIVE DATE **01-01-2007**
MEDICAL (PART B) EFFECTIVE DATE **01-01-2007**


SIGN HERE → _____

SAMPLE

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES
MEDICAL ASSISTANCE IDENTIFICATION CARD

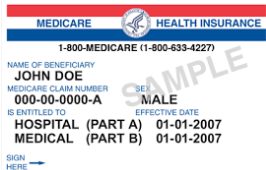
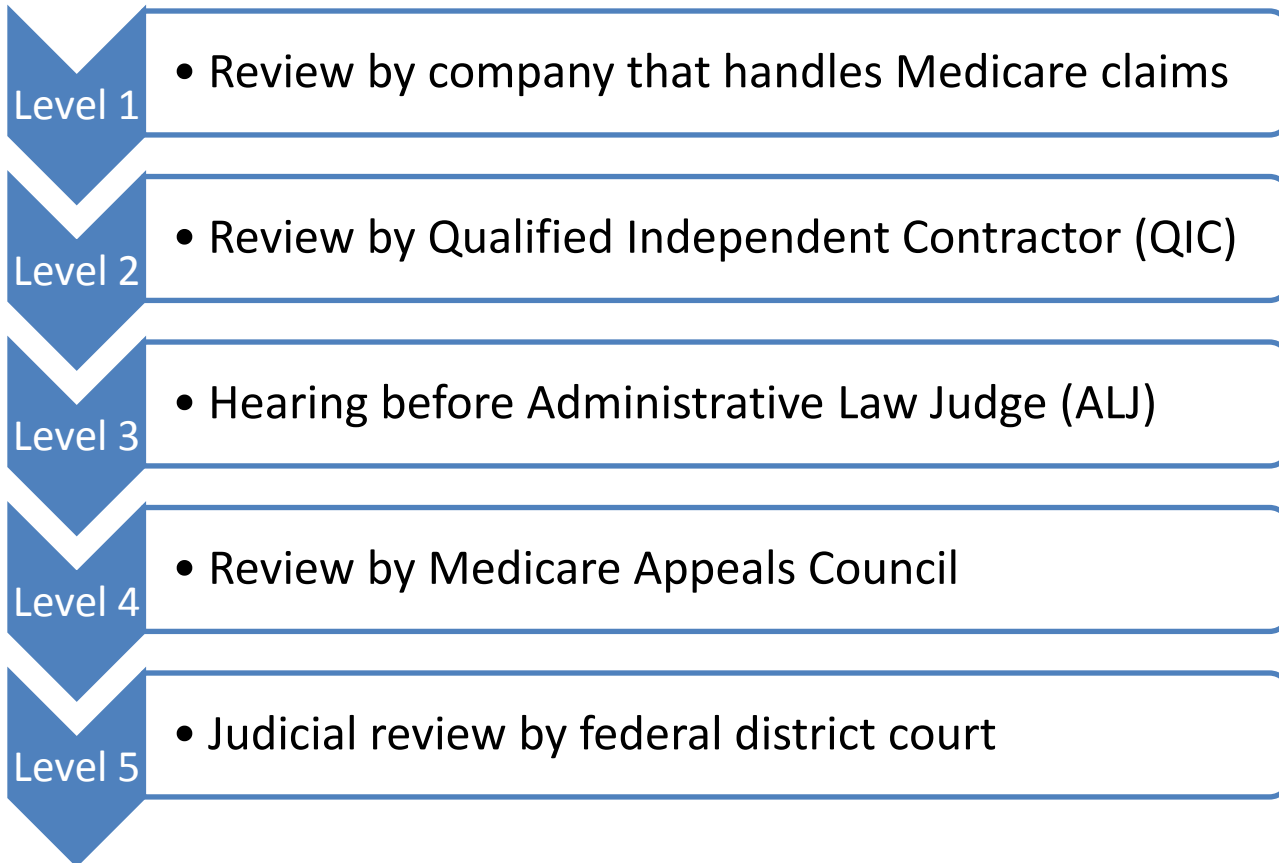
RECIPIENT NAME _____ VER _____

MID _____ CARR _____ DOB _____

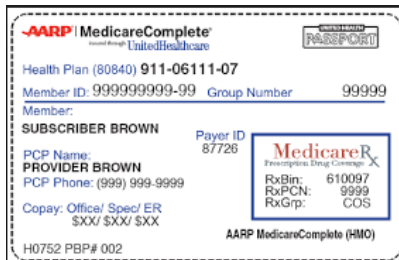


STATE OF RHODE ISLAND
DEPARTMENT OF HUMAN SERVICES
MEDICAL ASSISTANCE IDENTIFICATION CARD

Original Medicare (A & B) Appeals



Medicare Part D & Advantage Appeals



Level 1

- Internal plan appeal

Level 2

- Review by Independent Review Entity (IRE)

Level 3

- Hearing before Administrative Law Judge (ALJ)

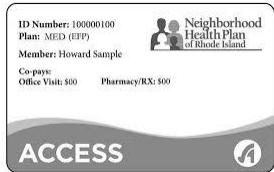
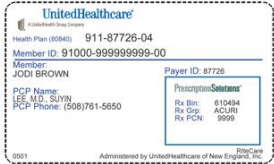
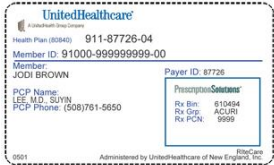
Level 4

- Review by Medicare Appeals Council

Level 5

- Judicial review by federal district court

Medicaid MCO Appeals



Level 1

- Internal Plan Appeal

Level 2

- Internal Plan Appeal (2nd Level)



Level 3

- Option A – Medicaid Fair Hearing
- Option B – External Review (governed by DOH)

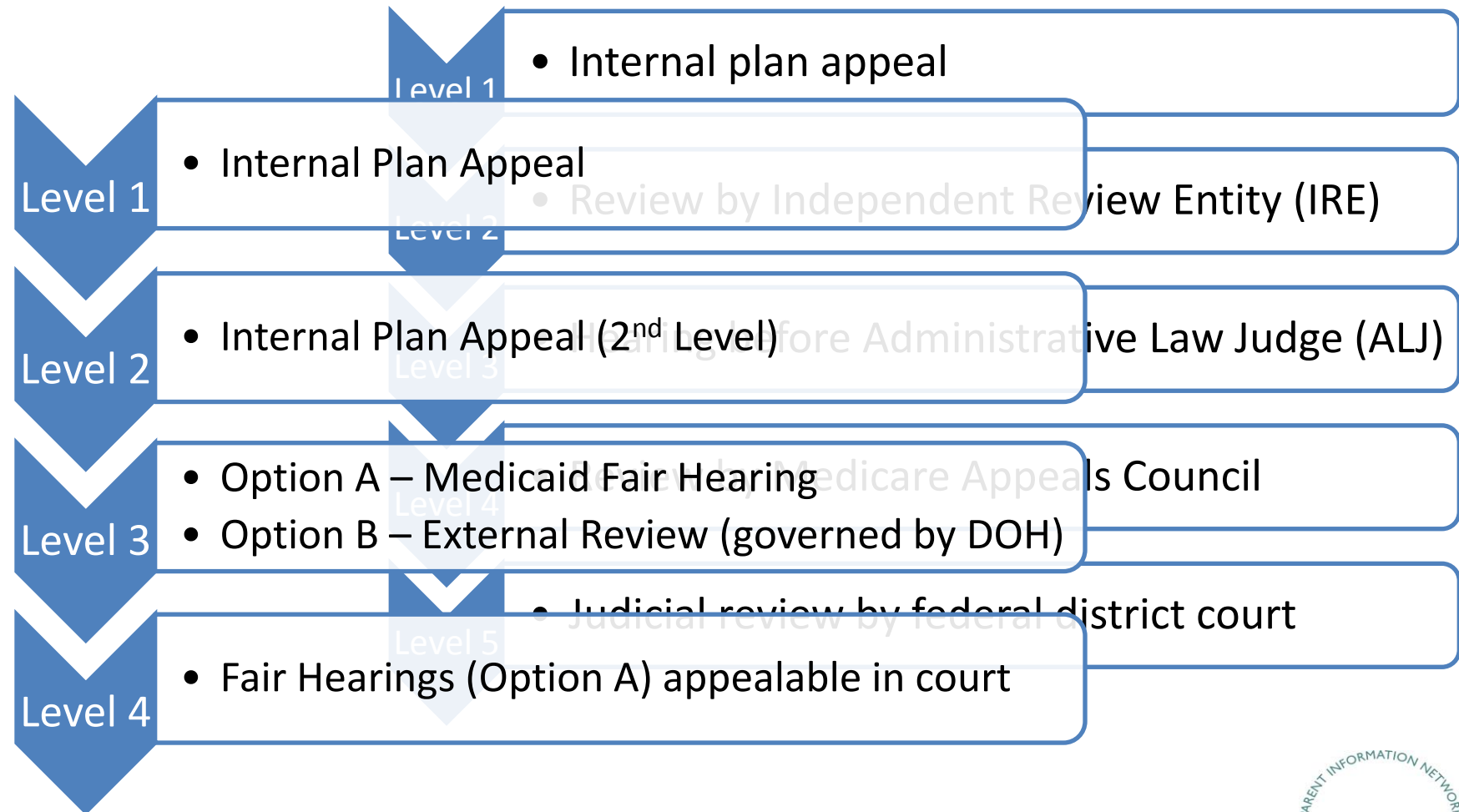
Level 4

- Fair Hearings (Option A) appealable in court

NHP Integrity Appeals

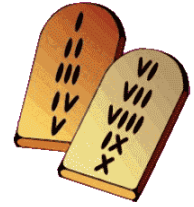
 Neighborhood Health Plan OF RHODE ISLAND™	MedicareRx Prescription Drug Coverage
Member Name: Cardholder Name	RxBIN: 012353
Member ID: Cardholder ID#	RxPCN: 06470000
Health Plan (80840): 7104829339	RxGRP:
Effective Date: Coverage Start Date	
PCP Name: PCP Name	
PCP Phone: PCP Phone	
Copays: PCP/Specialist: \$0 ER: \$0 Rx: \$0	
H9576 001	INTEGRITY 

NHP Integrity Appeals



NHP Integrity Appeals

Four Commandments



1. Medicare A/B-Funded Claims => Medicare Appeals Process
2. Medicare Part D-Funded Claims => Part D Appeals Process
3. Medicaid-Funded Claims => Medicaid Appeals Process
4. Overlap-Funded Claims => Best of Both Worlds?

Integrity Appeals

Medicare A/B-Funded Claims

Level	Appeal Type	Notes
1	Internal appeal to NHP	90-day deadline after adverse benefit notice Can be written or oral. Recommend written.
2	Independent Review Entity (IRE)	Automatic forwarding to IRE if lose 1 st appeal IRE decides within 30 days (can extend 14 days)
3	Administrative Law Judge (ALJ)	Often hearing held by video-conference Can waive right to hearing too
4	Medicare Appeals Council	Written process, no hearing
5	Federal District Court	Very unlikely to pursue

MEDICARE HEALTH INSURANCE
1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JOHN DOE

MEDICARE CLAIM NUMBER
000-00-0000-A

SEX
MALE

IS ENTITLED TO HOSPITAL (PART A) 01-01-2007
MEDICAL (PART B) 01-01-2007

SIGN HERE →

Integrity Appeals

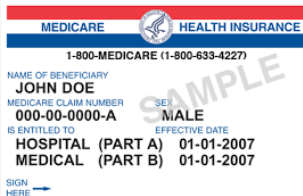
Medicare A/B Funded Claims

Common Medicare A/B Funded Claims

Hospital claims after deductible met

Nursing home after long hospitalization, first 20 days

Doctor visit when Medicaid rate < 80% of Medicare rate



MEDICARE HEALTH INSURANCE
1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JOHN DOE

MEDICARE CLAIM NUMBER
000-00-0000-A

SEX
MALE

IS ENTITLED TO EFFECTIVE DATE
HOSPITAL (PART A) 01-01-2007
MEDICAL (PART B) 01-01-2007

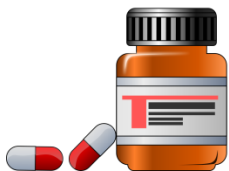
SIGN HERE →

SAMPLE

Integrity Appeals

Medicare Part D Appeals

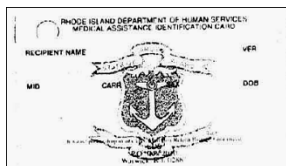
Level	Appeal Type	Notes
1	Internal appeal to NHP	90-day deadline after adverse benefit notice Can be written or oral. Recommend written.
2	Independent Review Entity (IRE)	60-day deadline to file appeal to IRE No automatic forwarding (normally)
3	Administrative Law Judge (ALJ)	Often hearing held by video-conference Can waive right to hearing too
4	Medicare Appeals Council	Written process, no hearing
5	Federal District Court	Very unlikely to pursue



Integrity Appeals

Medicaid-Funded Claims

Level	Appeal Type	Notes
1	Internal Appeal to NHP	90-day deadline after adverse benefit notice Can be written or oral. Recommend written.
2	2 nd Level Internal Appeal to NHP	90-day deadline after first appeal decision Can be written or oral. Recommend written.
3A	EOHHS Fair Hearing	In-person hearing, quite formal Decision-maker will be neutral State officer
3B	External Review (DOH)	Written process, no hearing Decision-maker will be neutral medical expert
4A	State Court	Fair Hearing decisions can be appealed in court Very difficult to win, very rare



Integrity Appeals

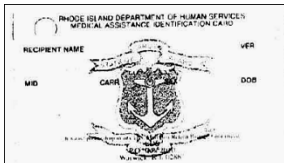
Medicaid-Funded Claims

Common Medicaid-Funded Claims

Nursing home stay, not following hospitalization

Long-term nursing stay, after 100 days

Unskilled home care (homemaker, personal care, etc.)

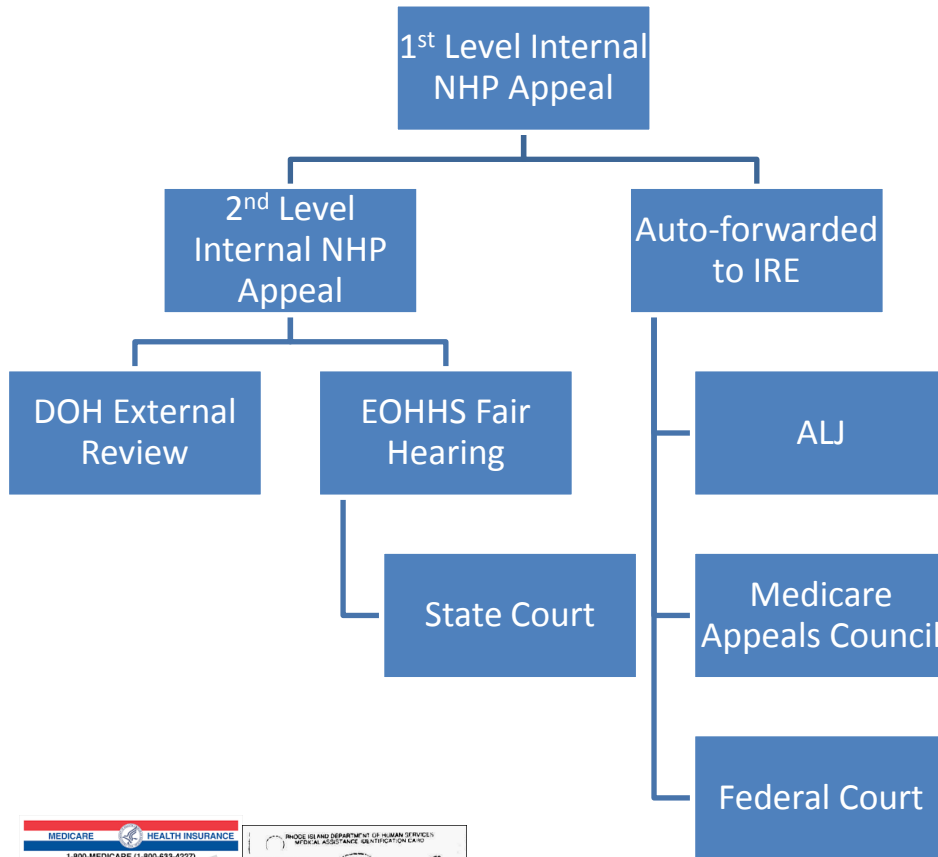


Integrity Appeals

Overlap-Funded Services



Integrity Appeals Overlap-Funded Services



- Processes can happen at same time
- If any decisions conflict, NHP must implement the best decision for consumer
- This is a brave new world

A sample Medicare Health Insurance card for John Doe. The card includes the following information:

- NAME OF BENEFICIARY: JOHN DOE
- MEDICARE CLAIM NUMBER: 000-00-0000-A
- SEX: MALE
- HOSPITAL (PART A) EFFECTIVE DATE: 01-01-2007
- MEDICAL (PART B) EFFECTIVE DATE: 01-01-2007

The card also features the Rhode Island Department of Human Services logo and a 'SAMPLE' watermark.

Integrity Appeals

Overlap-Funded Claims


Common Overlap-Funded Claims

Hospital claims including the deductible

Doctor claims if Medicaid rate > 80% of Medicare rate

Nursing stay after hospitalization, btwn days 20 and 100

MEDICARE	HEALTH INSURANCE
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY JOHN DOE	
MEDICARE CLAIM NUMBER 000-00-0000-A	
SEX MALE	
EFFECTIVE DATE 01-01-2007	
HOSPITAL (PART A) 01-01-2007	
MEDICAL (PART B) 01-01-2007	
SIGN HERE	


RHODE ISLAND DEPARTMENT OF HUMAN SERVICES MEDICAL ASSISTANCE IDENTIFICATION CARD	
RECIPIENT NAME	VER
MB	DOB
	

NHP Internal Appeals Appellant Rights

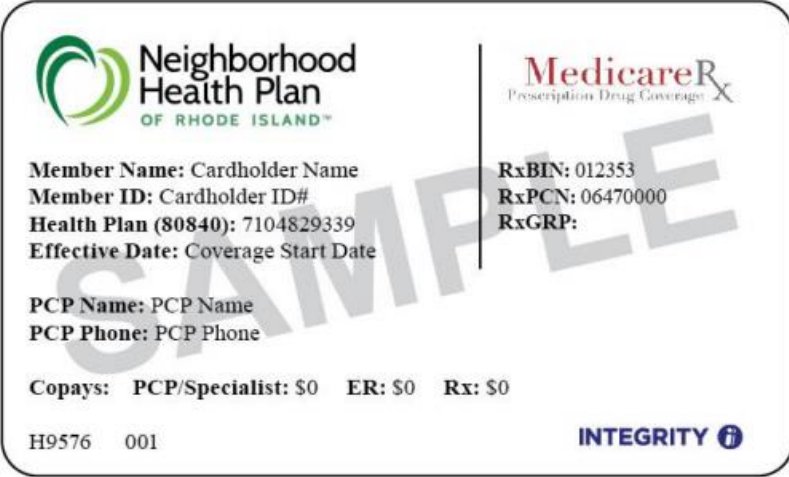


Consumer can:

- ✓ Appoint someone to represent her
- ✓ Get copies of all NHP records related to claim / appeal
- ✓ Present evidence in writing or in person to NHP
- ✓ Request expedited review. Decided within 72 hours (max!)
- ✓ Receive all prior-approved benefits while awaiting decision
 - ❖ Less common than you'd expect.

 Neighborhood Health Plan OF RHODE ISLAND	 MedicareRx Part B Prescription Drug Coverage
Member Name: Cardholder Name Member ID: Cardholder ID# Health Plan (01840): 7104829100 Effective Date: Coverage Start Date	RUBID: 02281 RUPCN: 0647000 RUGRP:
PCP Name: PCP Name PCP Phone: PCP Phone	
Copays: PCP/Specialist: \$0 ER: \$0 Rx: \$0	
10576 001	INTEGRITY

Notices



The image shows a sample MedicareRx card for Neighborhood Health Plan of Rhode Island. The card is divided into two main sections by a vertical line. The left section contains the plan logo and member information. The right section contains the MedicareRx logo and prescription drug coverage details. A large 'SAMPLE' watermark is overlaid diagonally across the center of the card.

Neighborhood Health Plan
OF RHODE ISLAND™

Member Name: Cardholder Name
Member ID: Cardholder ID#
Health Plan (80840): 7104829339
Effective Date: Coverage Start Date

PCP Name: PCP Name
PCP Phone: PCP Phone

Copays: PCP/Specialist: \$0 ER: \$0 Rx: \$0

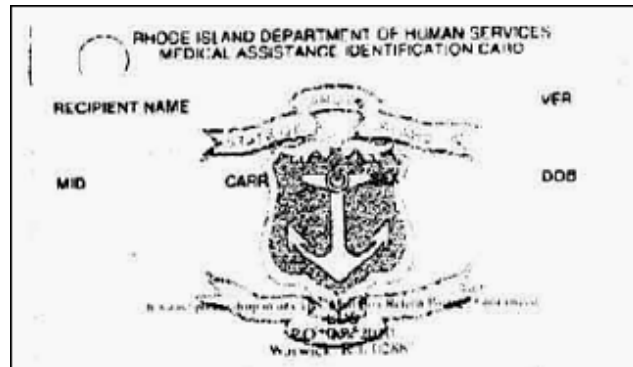
H9576 001

MedicareRx
Prescription Drug Coverage

RxBIN: 012353
RxPCN: 06470000
RxGRP:

INTEGRITY ⓘ

Medicaid Eligibility Appeals



Medicaid Eligibility Appeals EOHHS Fair Hearing Process

- For Medicaid eligibility issues, use EOHHS Fair Hearing process
- 30-day deadline to file appeal
- If request within 15 days of date on notice, can get aid-pending
- Hearings are in-person before EOHHS Hearing Officer
- Hearings can be postponed easily, up to 3 times
- Forms for appeal and for appointment of rep available at:
<http://healthcarerightsri.org/resourcehub/qhp-and-medicaid-eligibility-appeals/>
(bottom of page)



Reference Resources

- NHP Integrity Member Handbook
- EOHHS Rule 1475
- Three Way Contract

All available at www.HealthcareRightsRI.org/ResourceHub

BEST RESOURCE - Read the notice sent to consumer!!!

