

Appeals Guide and Your Rights

This guide is designed to provide information on what you can do if you want to challenge (appeal) a medical decision that you do not agree with. We want to make sure you understand your rights and assist you with understanding the different appeal options you may have.

Let's start with an explanation of the Internal and External appeal processes.

- The first step for an appeal can be a request to Horizon NJ Health. This is an Internal appeal.
- The next step is an External appeal and can happen after you complete the first step or Internal appeal.
- Your External appeal can be a Fair Hearing and/or an Independent Utilization Review Organization appeal. These are not done by Horizon NJ Health.

INTERNAL APPEAL

You, your authorized representative, or your provider acting with your written consent have the right to file an Internal appeal if you disagree with a medical decision Horizon NJ Health has made. If you decide to appeal, you must ask for an Internal appeal no later than 60 days after you receive our denial decision letter.

How do I file an Internal Appeal?

You, your authorized representative, or your provider acting with your written consent has the right to request an appeal by phone or in writing. All verbal appeal requests must be followed up with a written, signed letter, except in the case of a medically urgent appeal.

An appeal can be requested by phone by calling **1-800-682-9094, x89606**, select prompt **2** (TTY/TDD **711**).

You can also fax an appeal to the Appeals Department at **1-609-583-3028** or you can mail a written request to the following address:

Horizon Medical Appeals
PO Box 10194
Newark, NJ 07101

When filing an appeal, please include your name, Horizon NJ Health Member ID#, and your treating provider's name. You must state that you want to appeal our decision and give the reason why you want to appeal. It is really important to include any supporting documentation, comments or other information you think we need to know when you submit your appeal. Members and providers can submit written comments, documents or other information relevant to the appeal.

You or your provider may request and get a copy of the regulation, benefit provision, guideline, protocol or other similar criterion which includes access to and copies of all documents used in this decision, free of charge upon request.

NOTE: If you or your treating provider believe that waiting for our Internal appeal decision could harm your health; or if the services are for urgent or emergent treatment, you or your treating provider may request an expedited appeal by calling the Horizon NJ Health Appeals Coordinator at **1-800-682-9094, x89606**, select prompt **2** (TTY/TDD **711**). Horizon NJ Health will notify you of our expedited appeal decision verbally and in writing within 72 hours of receipt of your expedited appeal request (includes weekends and holidays).

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What happens during the Internal appeal process?

All Internal appeals are reviewed by a licensed physician reviewer or consultant (providers) who practices the same or a similar type of medicine as your provider. This physician reviewer or consultant will not have participated in any decisions related to your current requested services. Horizon NJ Health will notify you of the Internal appeal decision within 30 calendar days (includes weekends and holidays) of your request. When we send you the Internal appeal decision, we will include an explanation of our decision and information on what your options are if you disagree.

The services you are already receiving will automatically continue during the appeal process provided you ask for the appeal on or before the last day of the previously approved authorization or within 10 calendar days of the denial decision, whichever is later.

What if I am not satisfied with the decision regarding my Internal appeal?

If you do not agree with the decision Horizon NJ Health made during the Internal appeal, you, your authorized representative, or your provider have the right to request an External appeal with the Independent Utilization Review Organization (IURO) or a Fair Hearing (for some members). You may request an IURO and Fair Hearing at the same time. You must complete the Internal appeal prior to requesting the Fair Hearing appeal.

EXTERNAL APPEAL

You, your authorized representative, or your provider acting with your written consent have the right to file for an External appeal if you disagree with the results of the Internal appeal. An External appeal with the IURO must be filed with the Independent Health Care Appeals Program (IHCAP) operated by the New Jersey Department of Banking and Insurance (DOBI).

We will include the External Appeal application in our Internal appeal decision letter. The form includes information about the IHCAP, mailing instructions and contact information. If your provider wishes to file an External appeal on your behalf, he or she will also need to complete and submit to DOBI a "Consent to Representation in Appeal of UM Determination and Authorization of Release of Medical Records in UM Appeals and Independent Arbitration of Claims" form.

The consent form is available on the NJ Department of Banking and Insurance website www.state.nj.us/dobi/umappeal.htm.

You can contact DOBI directly with questions about the IURO appeal process by calling **1-888-393-1062, x50998**.

Appeals must be filed with IHCAP within 60 days of receipt of the Horizon NJ Health Internal Appeal decision letter.

You must send your External IURO appeal to the following address:

New Jersey Department of
Banking and Insurance
Office of Managed Care –
Attn: IHCAP
PO Box 329
Trenton, NJ 08625-0329

What if I want my services to continue while I am waiting for the External IURO appeal decision?

The service you are already receiving will automatically continue during the External appeal process provided you ask for the appeal on or before the last day of the previously approved authorization or within 10 calendar days of the Internal appeal decision letter, whichever is later.

Please note that the External IURO appeal process is not available for the following services:

- Adult Family Care
- Assisted Living Program
- Assisted Living Services – when the denial is not based on Medical Necessity
- Caregiver/participant training
- Chore services
- Community Transition Services

- Home Based Supportive Care
- Home Delivered Meals
- Personal Care Assistant (PCA) services
- Respite (Daily and Hourly)
- Social Day Care
- Structured Day Program -- when the denial is not based on Medical Necessity
- Supported Day Services -- when the denial is not based on the diagnosis of Traumatic Brain Injury (TBI)

To appeal the above services after an Internal appeal, you may file for a Fair Hearing.

FAIR HEARING

NJ FamilyCare A and NJ FamilyCare ABP members may ask the NJ Department of Human Services for a Fair Hearing if they disagree with the Internal appeal decision or the appeal decision by the IURO. The Internal appeal process must be completed first before a Fair Hearing can be requested. A Fair Hearing takes place in a court room. A hearing is held in front of an Administrative Law Judge.

How do I file for a Fair Hearing?

Do not send a Fair Hearing request to Horizon NJ Health. We are not able to process them for you. You must send all Fair Hearing requests to the Department of Human Services at the following address:

New Jersey Department of Human Services
 Division of Medical Assistance and Health Services
 Fair Hearing Section
 PO Box 712
 Trenton, NJ 08625-0712

It is really important that you send your written request for a Fair Hearing to the Department of Human Services no later than 120 calendar days from the date of the Internal appeal denial letter. At this court hearing, you have the right to represent yourself, or choose to be represented by an attorney, friend or other spokesperson.

What should I include when I write to ask for a Fair Hearing?

Fair Hearing requests must be in writing and you must include the following information:

- Your printed name
- The date
- Your telephone number
- The reason(s) why you want a Fair hearing
- If you would like an interpreter to be present at the Fair Hearing, please let Horizon NJ Health know. We will provide an interpreter in the language you need. Call **1-800-682-9090** (TTY/TDD **711**). You may also bring a relative or friend to interpret for you.

What if I want my services to continue while I am waiting for the Fair hearing?

If you would like the service to continue during the Fair Hearing process, you must ask for that in writing when you request a Fair Hearing and you must ask for the appeal on or before the last day of the previously approved authorization or within 10 calendar days of the last appeal decision letter, whichever is later.

Please note that if we continue to provide the services and the judge decides that Horizon NJ Health's denial decision was correct, you may have to pay for the costs of the services.

NEED HELP? THIS IS REALLY IMPORTANT

You have the right to have a representative act on your behalf at all levels of appeal. If you have any questions, comments or concerns about your appeal or the appeal process; or you need assistance with filing any type of appeal or a Fair Hearing Request, please call **1-800-682-9094, x89606**, prompt **2** (TTY/TDD **711**).



Horizon NJ Health

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 this, you can contact one of the following:

- Legal Services of New Jersey at 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/TDD **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 chlp.org.

Para recibir una copia de esta carta en español, llame gratis al [1-800-682-9094](tel:1-800-682-9094) Horizon NJ Health, [x89606](tel:1-800-682-9094).

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