Grievance and appeal procedures

Horizon NJ Health has a grievance procedure for resolving disagreements between members, providers and/or Horizon NJ Health's operation or any cause of member dissatisfaction. Upon request, the notification of grievance and appeal rights shall be in your primary language. You may file your grievance and/or appeal in your primary language. You will also receive the decision in your primary language. Issues regarding emergency care will be addressed immediately. Issues regarding urgent care will be addressed within 48 hours in your primary language. Horizon NJ Health will not discriminate against a member or attempt to disenroll a member for filing a grievance or appeal.

Grievance procedure

A grievance can be filed by phone or in writing and can usually be resolved by contacting Member Services. If you have a grievance, call **1-800-682-9090** (TTY **711**), to talk about it with one of our Member Services representatives. If you want, you may send a written grievance to:

Grievances Department
1700 American Blvd.
Pennington, NJ 08534

A dental grievance can be filed by calling **1-855-878-5371** (TTY **1-800-508-6975**). The Dental team will handle all dental grievances and send you a letter with the outcome.

When we receive your call or letter, the following steps will occur:

1. If you call to file a grievance: A Member Services representative will make every attempt to resolve your grievance.
   a. If you are not satisfied with the resolution from the Member Services representative during your call, tell the representative and the grievance will be forwarded to Horizon NJ Health's Complaint Resolution Analyst for further investigation.
   b. The Complaint Resolution Analyst will investigate the grievance and you will get a written notification about the outcome within 30 days of receipt of the grievance.
2. If you submit a written grievance by mail: A Complaint Resolution Analyst will try to contact you by telephone within 24 hours of receipt of the grievance to discuss and assist in resolving your grievance. The Complaint Resolution Analyst will document all the information discussed with you in our complaint tracking system. An investigation will begin immediately.
   a. Written grievances are to be resolved as required by the urgency of the situation, but no later than 30 days after receipt. Once complete, you will receive a written notice with final outcome within 30 days of receipt of the grievance.

Utilization Management Appeal Process:

Service Denial/Limitation/Reduction/Termination based on Medical Necessity

You and your provider should receive a notification letter within two business days of Horizon NJ Health's decision to deny, reduce or terminate a service or benefit. If you disagree with the Horizon NJ Health's decision, you (or your provider, with your written permission) can challenge it by requesting an appeal. See the summary below for the timeframes to request an appeal.

STAGES	Timeframe for Member/ Provider to Request Appeal	Timeframe for Member/ Provider to Request Appeal with Continuation of Benefits for Existing Services	Timeframe for Appeal Determination to be reached	FamilyCare Plan Type
Internal Appeal The **Internal Appeal** is the first level of appeal, administered by Horizon NJ Health. This level of appeal is a formal, internal review by health care professionals selected by Horizon NJ Health who have expertise appropriate to the case in question, and who were not involved in the original determination.	60 calendar days from date on initial notification/ denial letter	• On or before the last day of the current authorization; or • Within ten calendar days of the date on the notification letter, ***whichever is later***	30 calendar days or less from health plan's receipt of the appeal request	A /ABP B C D
External/IURO Appeal The External/IURO appeal is an external appeal conducted by an Independent Utilization Review Organization (IURO).	60 calendar days from date on Internal Appeal notification letter	• On or before the last day of the current authorization; or • Within ten calendar days of the date on the Internal Appeal notification letter, ***whichever is later***	45 calendar days or less from IURO's decision to review the case	A /ABP B C D
Medicaid Fair Hearing	120 calendar days from date on Internal Appeal notification letter	• ***Whichever is the latest of the following:*** • On or before the last day of the current authorization; or • Within ten calendar days of the date on the Internal Appeal notification letter, or • Within ten calendar days of the date on the External/IURO appeal decision notification letter	A final decision will be reached within 90 calendar days of the Fair Hearing request.	A /ABP only

Initial Adverse Determination

If Horizon NJ Health decides to deny your initial request for a service, or to reduce or stop an ongoing service that you have been receiving for awhile, this decision is also known as an *adverse determination*. We will tell you and your provider about this decision as soon as we can, often by phone. You will receive a written letter explaining our decision within two business days.

If you disagree with the plan's decision, you or your provider (with your written permission) can challenge the decision by requesting an *appeal*. You or your provider can request an appeal either orally (by phone) or in writing. To request an appeal orally, you can call Horizon NJ Health at **1-800-682-9090** (TTY **711**), 24 hours a day, seven days a week. Please remember that if your appeal is requested orally, you will need to follow up by sending a written, signed letter confirming your appeal request as soon as you can. Written appeal requests should be mailed to the following address:

Horizon Medical Appeals
PO Box 10194
Newark, NJ 07101

You have **60 calendar days** from the date on the initial adverse determination letter to request an appeal.

Internal Appeal

The first stage of the appeal process is a formal internal appeal to Horizon NJ Health (called an Internal Appeal). Your case will be reviewed by a doctor or another health care professional, selected by Horizon NJ Health who has expertise in the area of medical knowledge appropriate for your case. We will be careful to choose someone who was not involved in making the original decision about your care. We must make a decision about your appeal within 30 calendar days (or sooner, if your medical condition makes it necessary).

If your appeal is denied (not decided in your favor), you will receive a written letter from us explaining our decision. The letter will also include information about your right to an External Independent Utilization Review Organization (IURO) Appeal, and/or your right to a Medicaid State Fair Hearing, and how to request these types of further appeal. You will also find more details on those options later in this section of the handbook.

Expedited (Fast) Appeals

You have the option of requesting an expedited (Fast) appeal if you feel that your health will suffer if we take the standard amount of time (up to 30 calendar days) to make a decision about your appeal. Also, If your provider informs us that taking up to 30 calendar days to reach a decision could seriously jeopardize your life or health, or your ability to fully recover from your current condition attain, we must make a decision about your appeal within 72 hours.

Dental Internal Appeals

Dental Internal Appeals follow the same timeframes as those in the UM Appeals Chart. You can file a Dental Internal Appeal by:

1. Calling SKYGEN USA Dental at **1-855-878-5371** (TTY **1-800-508-6975**); **AND**
2. Writing to SKYGEN USA Dental at PO Box 295, Milwaukee, WI 53201.

If you call first, you must follow-up your phone request by writing to SKYGEN USA Dental 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.

However, if you are now receiving these services, and you want these services to continue automatically during the appeal, you must either request an Internal Appeal on or before the final day of the previously approved authorization, or request an Internal Appeal within 10 calendar days from the date on which the notification was sent, whichever is later.

If you do not request your appeal within these timeframes, the services will not continue during the appeal. SKYGEN USA Dental will decide your Internal Appeal within 30 calendar days of receipt of your appeal.

If you call to request an expedited, or fast appeal, you do not have to follow up your phone call with a written request.

External (IURO) Appeal

If your Internal Appeal is not decided in your favor, you (or your provider acting on your behalf with your written consent) can request an External (IURO) Appeal by completing the ***External Appeal Application*** form. A copy of the *External Appeal Application* form will be sent to you with the letter that tells you about the outcome of your Internal Appeal. You or your provider must mail the completed form to the following address within **60 calendar days** of the date on your Internal Appeal outcome letter:

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

You may also fax the completed form to **1-609-633-0807**, or send it by **email** to **ihcap@dobi.nj.gov**.

If a copy of the *External Appeal Application* is not included with your Internal Appeal outcome letter, please call Member Services at **1-800-682-9090** (TTY **711**) to request a copy.

External (IURO) Appeals are not conducted by Horizon NJ Health. These appeals are reviewed by an Independent Utilization Review Organization (IURO), which is an impartial third-party review organization that is not directly affiliated with either Horizon NJ Health or the State of New Jersey. The IURO will assign your case to an independent physician, who will review your case and make a decision. If the IURO decides to accept your case for review, they will make their decision within 45 calendar days (or sooner, if your medical condition makes it necessary).

You can also request an expedited, or fast, External (IURO) Appeal, just as you can with Internal Appeals. To request an expedited appeal, you or your provider should fax a completed copy of the *External Appeal Application* form to the Department of Banking and Insurance at **1-609-633-0807**, and ask for an expedited appeal on the form in ***Section V, Summary of Appeal.*** In the case of an expedited External (IURO) Appeal, the IURO must make a decision about your appeal *within 48 hours.*

If you have questions about the External (IURO) Appeal process, or if you would like to request assistance with your application, you can also call the New Jersey Department of Banking and Insurance toll free at **1-888-393-1062** (select **option 3**).

Please note: There are some services that the IURO will not review. If the letter you receive about the outcome of your appeal does not include information about your option to request an External (IURO) review, this is probably the reason. However, if you have questions about your options, you can call call Member Services at **1-800-682-9090** (TTY **711**).

The External (IURO) Appeal is optional. You don't need to request an External (IURO) appeal before you request a Medicaid State Fair Hearing. Once your Internal Appeal is finished, you have the following options for requesting an External (IURO) Appeal *and/or* a Medicaid State Fair Hearing:

- You can request an External (IURO) Appeal, wait for the IURO's decision and **then** request a Medicaid State Fair Hearing, if the IURO did not decide in your favor.
- You can request an External (IURO) Appeal ***and*** a Medicaid State Fair Hearing ***at the same time*** (just keep in mind that you make these two requests to different government agencies).
- You can request a Medicaid State Fair Hearing *without* requesting an External (IURO) Appeal.

Also, please note: Medicaid Fair Hearings are only available to NJ FamilyCare Plan A and ABP members.

Medicaid State Fair Hearing

You have the option to request a Medicaid State Fair Hearing after your Internal Appeal is finished (and Horizon N Health has made a decision). Medicaid State Fair Hearings are administered by staff from the New Jersey Office of Administrative Law. You have up to **120 calendar days** from the date on your ***Internal Appeal*** *outcome letter* to request a Medicaid State Fair Hearing. You can request a Medicaid State Fair Hearing by writing to the following address:

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

If you make an expedited (fast) Medicaid State Fair Hearing request and you meet all of the requirements for an expedited appeal, a decision will be made within 72 hours of the day the state agency received your Medicaid Fair Hearing request.

Please note: The deadline for requesting a Medicaid State Fair Hearing is always 120 days from the date on the letter explaining the outcome of your *Internal Appeal.* This is true even if you request an External (IURO) Appeal in the meantime. The 120 day deadline to ask for a Medicaid State Fair Hearing always starts from the outcome of your *Internal Appeal,* <u>not</u> your External (IURO) Appeal.

Continuation of Benefits

If you are asking for an appeal because the plan is stopping or reducing a service or a course of treatment that you have already been receiving, you can have your services/benefits continue during the appeal process. Horizon NJ Health will automatically continue to provide the service(s) while your appeal is pending, as long as all of the following requirements are met:

- The appeal involves the termination, suspension or reduction of a previously authorized course of treatment;
- The services were ordered by an authorized provider; and
- You (or your provider, acting on your behalf with your written consent) file(s) the appeal within **10 calendar days** of the date on the initial adverse determination letter, or on or before the final day of the original authorization, ***whichever is later.***

Your services will not continue automatically during a Medicaid State Fair Hearing. If you want your services to continue during a Medicaid State Fair Hearing, you must request that ***in writing*** when you request a Fair Hearing, and you must make that request within:

- **10 calendar days** of the date on the Internal Appeal outcome letter; ***or*** within
- **10 calendar days** of the date on the letter informing you of the outcome of your External (IURO) Appeal, if you requested one; ***or***
- On or before the final day of the original authorization, ***whichever is later***.

Please note: If you ask to have your services continue during a Medicaid State Fair Hearing and the final decision is not in your favor, you may be required to pay for the cost of your continued services.

If you have any questions about the appeal process, you can contact Horizon NJ Health Member Services at **1-800-682-9090** (TTY **711**).