

# Day 28



## Medicaid MCO Appeals

Each Medicaid Managed Care Organization (MCO) health plan, which includes Aetna Better Health of New Jersey, Fidelis Care, Horizon NJ Health, UnitedHealthcare Community Plan, and Wellpoint, has an internal appeals process for if a person faces any denials, reductions, limitations, or termination of a Medicaid service. For example, this can include the reduction of a person's Personal Care Assistance (PCA) and Personal Preference Program (PPP) hours, or a reduction of Private Duty Nursing (PDN) hours, upon reassessment by the MCO. Or, for example, your MCO terminates coverage for rehabilitation because they believe you are no longer benefitting from the services. Any time that the MCO issues such news to a family, through a notice of adverse benefit determination, they must do so in writing and include the opportunity for the family to request an appeal in challenging the decision. Submitting an internal appeal (within 60 days) is the first step in the process to ask the MCO to reconsider their decision. If you later receive a notice of resolution from the MCO that is still unfavorable to you, and you wish to challenge the decision, you can then request a Medicaid Fair Hearing.

See the Horizon NJ Appeals Guide and Your Rights: [https://www.horizonnjhealth.com/securecms-documents/64/2017\\_MEDICAID\\_Appeals\\_Flier\\_FINAL.pdf](https://www.horizonnjhealth.com/securecms-documents/64/2017_MEDICAID_Appeals_Flier_FINAL.pdf)

Or the Fidelis Care Appeals and Grievances webpage:  
<https://www.fideliscarenj.com/members/medicaid/nj-familycare/member-rights-policies/appeals-and-grievances.html#appeals>.

[www.thearcfamilyinstitute.org](http://www.thearcfamilyinstitute.org)  
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