

TennCare Nursing Service Reductions and Cuts

Question and Answers

1. Can the managed care company cut or reduce nursing services just by calling me over the phone?

Answer: No. It is required by law that you receive a written notice from your managed care organization that your nursing services are going to be reduced. The notice must be specific in regards to the reductions or cuts so that you know exactly what and why this reduction or termination is occurring. (TennCare rule changes require limits of number of hours.)

2. What is a valid factual dispute?

Answer: If your appeal does not state a valid factual dispute then your appeal will be denied. Example of a valid factual dispute: Your managed care company offers you 4 hours a day, 7 days a week, of a home health aide and 2 hours/week of LPN or RN care. This offer is below what your doctor prescribed of 35 hrs/week and below what is allowed under the new limits of 35 hrs./week. Therefore your appeal meets the criteria of a valid factual dispute.

Another example: Your managed care company offers you 2 hrs of nursing services per week, but your doctor has prescribed 5 hrs/day, 7 days a week. What the managed care company is offering is below what your doctor has prescribed and below what you can get. This is a valid factual dispute.

3. When should I appeal?

Answer: You should appeal in writing and, ideally, by fax within 10 days of getting your letter from your managed care company reducing your care. How do I know when the 10 days started? Look at the post-marked date on your envelope. Keep the envelope with the letter from your managed care company. In fact, keep all your correspondence from managed care organizations and from TennCare.

4. What is the best way to appeal?

Answer: The best way to appeal is by fax. By using a fax, you should get a confirmation sheet that will confirm immediately that TennCare received the fax. If you have to file an appeal over the phone, follow-up the phone conversation with a written appeal. Once again, this has to happen within the 10-day period of receiving the letter. Be sure to state in your appeal whether you received a letter about the change in the nursing hours and on what the date you received your letter.

5. Will I have to pay TennCare back for nursing services that I receive while I appeal if I lose the appeal? This is called continuation of benefits.

Answer: Thus far we do not know of anyone who has been asked to pay TennCare back for home health care that they received and subsequently lost their appeal.

6. What role does my doctor play in me winning my appeal?

Answer: You cannot win an appeal without your doctor's support. Winning will depend on medical necessity and your doctor listing in detail the medical care that you need and why you need that care (because the patient cannot bathe, dress, be mobile by self, cannot feed self or take medication, has to be turned in bed every two hours, etc.)

7. How do I get a face-to-face, in-person, appeal?

Answer: If you have been told by TennCare that your appeal has been accepted, you will get a letter saying that an Administrative Law Judge will hear your appeal over the phone. However, your chances of winning are much, much better if your appeal is face-to-face. Three to five days before your hearing, call the number provided in your notice of hearing and ask for a face-to-face (in-person) hearing. This will require TennCare to reschedule your hearing to a future date. You will get a letter confirming this. You can, also, write or fax a letter that you want an "in-person" hearing.

Be sure to keep a copy and your fax confirmation sheet or send the letter by certified mail so you will receive a green confirmation card returned to you proving that the letter was received by the Bureau of TennCare.

8. Who is an administrative law judge (ALJs)? Are they independent?

Answer: Yes, they are independent. They are asked to review the rules & your appeal. They will make a judgment on your appeal. Once again, if you do this face-to-face, you have a much better chance of winning and getting the services that you need. A face-to-face hearing could make the difference between getting 35 hrs/week of home health aid services rather than 4 hrs/week offered by your managed care company. Remember, that your doctor must prescribe these hours and list the medical and home health services that need to be provided.

9. Why do I only have 10 days after I get my letter from the managed care organization?

Answer: That's the law. We wish that you had more time, but 10 days is all that you have to file an appeal if you want to continue your benefits until your appeal is resolved. If you do not want to continue your benefits during the appeal process, you have 30 days to appeal & still have a valid factual dispute.

10. Will children's nursing services also be reduced?

Answer: Yes, most likely. However, TennCare is starting with adults, 21 years old & older. Children's reduction of services will always be based on medical necessity, so it is essential that your doctor recommend specific number of hours and be ready to support & justify this order by telephone at the hearing (even if you have an "in-person" hearing your doctor can call into the hearing, if you request this ahead of time). You must tell the TennCare Bureau who will be your witnesses & how the Bureau may contact them to arrange for an appearance at the hearing.

11. How are Managed Care Companies (MCC) being paid to provide nursing services?

Answer: MCCs are paid a fixed amount of money at the beginning of each month to provide medical care. Most enrollees in their plan do not go to the doctor monthly. However, the MCCs get to keep what is not spent. This is called a capitation payment. The MCCs in Tennessee came to Tennessee to make money for their shareholders.

12. What can you do?

Answer: You can do what a family did in Northwest Tennessee. The family contacted the local media in their county and surrounding counties and told the story about their son and what would happen if nursing services for their son were reduced from 168 hrs/week to 5 hrs/day, 7 days/week. The mother is in a wheelchair and in her 70's and her son is in his 40's. Her son was struck with meningitis several years ago and now cannot do anything for himself. She got her son's story in all the local papers.

The mother also contacted her state senator and state representative. She realized that many state legislators do not understand how these cuts and reductions in home health services would affect families. So, she made the effort to educate her state legislators. She was right. We cannot assume that state legislators understand this issue.

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