

## MEDICAID - SoonerCare Traditional, cont....

### APPEALS PROCESS

1. The appeals process allows a member to appeal a decision involving medical services, prior authorizations for medical services, or discrimination complaints.
2. In order to file an appeal, the member files a LD-1 form within 20 days of the triggering event. The triggering event occurs at the time when the member knew or should have known of such condition or circumstance for appeal. The staff advises the Appellant that if there is a need for assistance in reading or completing the grievance form that arrangements will be made.
3. If the LD-1 form is not received within 20 days of the triggering event or if the form is not completely filled out with all necessary documentation, OHCA sends the Appellant a letter stating the appeal will not be heard.
4. Upon receipt of the member's appeal, a fair hearing before the Administrative Law Judge (ALJ) will be scheduled. The member will be notified in writing of the date and time for this procedure. The member must appear at this hearing. The ALJ's decision may be appealed to the CEO, which is a record review at which the parties do not appear.
5. Member appeals are to be decided within 90 days from the date OHCA receives the member's timely request for a fair hearing unless the member waives this requirement.

### PIECES OF THE PUZZLE

- Not all types of AT devices can be purchased under Medicaid. OHCA will either purchase or rent DME that is prescribed by an approved medical provider and is "medically necessary".
- OHCA requires prior authorization for most DME.
- Individuals obtain DME by a prescription from a physician given to a DME supplier. The DME supplier must be contracted with the SoonerCare program (e.g., on SoonerCare's approved vendor list).
- Questions about Medicaid coverage of specific items should be directed to the Oklahoma Health Care Authority (OHCA) Customer Service (800) 522-0114.
- SoonerCare will not pay for services of a non-SoonerCare provider. A provider's participation in the SoonerCare program is voluntary and SoonerCare members should ask if SoonerCare is accepted before scheduling an appointment or requesting DME.
- Medicaid is the payor of last resort on equipment purchases. If the individual is eligible for Medicare, then Medicaid will only pay the remainder of the cost after Medicare has paid within the limits of the fee schedules. If an individual has health insurance, Medicaid only begins paying after the health insurance ceases to pay.
- All DME purchased with Oklahoma Medicaid funds become the property of the OHCA to be used by the recipient until no longer needed.
- When the SoonerCare member no longer needs the valuable DME they may contact the Oklahoma Durable Medical Equipment Reuse Program (OKDMERP) so it can be refurbished, repaired if needed, and reassigned to another Oklahoman at no cost. Priority is given to SoonerCare members for the first 60 days. Call OKDMERP staff at (405) 523-4810 or go to [www.okabletech.okstate.edu](http://www.okabletech.okstate.edu) for more details.