

MEDICAID - TEFRA, 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

- Once financial eligibility for TEFRA has been established, the TEFRA application will be reviewed to evaluate whether the criteria for disability, institutional level of care, cost effectiveness, and safety and appropriateness have been met.
- To avoid unnecessary delays in processing the application, please make sure that both you and the child's physician have completed all sections of the TEFRA-1 assessment form.
- In addition, OHCA will need supplemental documentation to support information provided on the TEFRA-1 document.
- Once determined eligible the child is covered for up to 12 months. You must reapply every year.
- If the child has private insurance coverage that the family intends to maintain in addition to any TEFRA you must:
 - use your insurance first;
 - follow the rules of your insurance; and
 - see providers who have contracts with both your insurance and Medicaid SoonerCare in order to be fully covered for all costs of services.
- 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 for more details.