UFCW LOCAL 1500 WELFARE FUND MEETING – June 11, 2013

Eligibility

Appeal #	BOT Results	Issue
E13/119-5524	**Denied 4-23-13 Letter sent 4-23-13**	Request to extend COBRA coverage

Prescription

Appeal #	BOT Results	Issue
Rx13/110-5407	**Approved 3-8-13 by Aria**	Brand Name Coumadin, INR Testing, Bicillin
Rx13/113-9555	**Approved 4-5-13 by Aria**	Brand Name Depakote
Rx13/106-3575	**Tabled 3-5-13 1**	Brand Name Synthroid
Rx13/116-5179	**2**	Brand Name Synthroid
Rx13/121-8073	**3**	Brand Name Ambien

Medical

Appeal #	BOT Results	Issue
M13/112-3439	**4**	Excess of UCR
M13/109-8787	**5**	Excess of UCR
M13/123-2098	**6**	Excess of UCR
M13/124-1955	**7**	Excess of UCR, Late Appeal
M13/111-5100	**8**	Non-Covered Service
M13/118-7806	**9**	Non-Covered Service
M13/117-0889	**10**	Emergency Treatment
M13/125-8314	**11**	Motor Vehicle Accident
M13/115-5865	**12**	Late Filing
M13/120-0306	**13**	Routine Services
M13/122-6554	**14**	Physical Therapy Benefit
M13/128-8353	**15**	Physical Therapy Benefit
D13/129-3946	**16**	Dental Benefit Maximum

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

TABLED APPEAL

LOCAL: 1500
STATUS: Full Time

ISSUE: Prescription Benefit – Coverage of Brand Name Drug #RX13/106-3575

FUND RULE:
"When a brand name drug has a generic equivalent, you may get the brand name, but you will be responsible for the difference between the cost of the brand name drug versus the cost of its generic equivalent, plus the co-payment."
(UFCW Local 1500 Full Time Employees Benefit Plan SPD, Page 69)

SUMMARY: Appeal Received: February 4, 2013

The **provider,** Miles Rosenthal, MD is appealing on behalf of the participant, the participant's spouse, and the participant's daughter for coverage of Synthroid, which is a brand name drug.

After the appeal was received, Aria mailed letters to Dr. Rosenthal to request (3) letters of medical necessity. Medical records were also requested for review of the last 2-3 office visits for the participant, the participant's spouse and the participant's daughter. To date, no response has been received.

This appeal was tabled at the March 5, 2013 Board of Trustee Meeting.

ACTION:

Coverage of synthroid for participant -

Approved ☐ **Denied** ☐ **Tabled** ☐

Coverage of synthroid for participant's spouse -

Approved ☐ **Denied** ☐ **Tabled** ☐

Coverage of synthroid for participant's daughter (DOB: 10-16-89) -

Approved ☐ **Denied** ☐ **Tabled** ☐

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Prescription Benefit – Coverage of Brand Name Drug #RX13/116-5179

FUND RULE:
"When a brand name drug has a generic equivalent, you may get the brand name, but you will be responsible for the difference between the cost of the brand name drug versus the cost of its generic equivalent, plus the co-payment."
(UFCW Local 1500 Full Time Employees Benefit Plan SPD, Page 69)

SUMMARY: Appeal Received: April 12, 2013

The **provider,** Jonas Leibowitz, MD is appealing on behalf of the participant's spouse for coverage of Synthroid, which is a brand name drug. Dr. Leibowitz states that it is medically necessary for the participant to take the brand medication stating, "due to variations in blood levels, the patient requires [brand name] synthroid."

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Prescription Benefit – Coverage of Brand Name Drug #RX13/121-8073

FUND RULE:
"When a brand name drug has a generic equivalent, you may get the brand name, but you will be responsible for the difference between the cost of the brand name drug versus the cost of its generic equivalent, plus the co-payment."
(UFCW Local 1500 Full Time Employees Benefit Plan SPD, Page 69)

SUMMARY: Appeal Received: May 1, 2013

The **provider,** Afzal M. Butt, MD is appealing on behalf of the participant's spouse for coverage of Ambien, which is a brand name drug. Dr. Butt states that it is medically necessary for the participant to take the brand medication stating, "[the participant] has tried generic for this medication and it does not help her."

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Special Part TIme

ISSUE: Hospital/Medical – Charge in Excess of Usual and Customary Rate, Late Appeal #M13/112-3439

FUND RULE:
"OUT-OF -NETWORK BENEFITS
Anesthesia Services
The Plan covers general anesthesia as part of a covered surgical procedure, when given by a Physician other than the operating surgeon. The Fund will reimburse 80% of the Usual and Customary charges, after satisfaction of the deductible"
(UFCW Local 1500 Part TIme Employees Group Benefit Plan SPD, Page 47)

"CLAIM APPEAL PROCEDURES
If a denial takes place, you or your authorized representative may appeal, in writing, to the Board of Trustees within 180 days after you receive the Fund's denial notice."
(UFCW Local 1500 Part TIme Employees Group Benefit Plan SPD, Page 57)

SUMMARY:

Date(s) of Service:	April 9, 2012
Paid:	May 2, 2012
Appeal Received:	March 22, 2013 (324 days)

The **participant** is appealing for additional payment of a claim for anesthesia services. The participant states that she was not given a choice of anesthesia service providers and should not be penalized.

Fund records indicate the participant had a hysteroscopy performed at Good Samaritan Hospital (a participating facility). Long Island Anesthesiologist, LLC submitted a claim for anesthesia services. The claim was paid correctly, up to the limits of the Plan. Long Island Anesthesiologist, LLC does not participate with MultiPlan.

Note: The provider's charges are in excess of the Fund's UCR for these services.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Hospital/Medical – Charge in Excess of Usual and Customary Rate (UCR) #M13/109-8787

FUND RULE:
"Comprehensive Out-Of-Network Major Medical Expense Benefit Exclusions
3. The portion of a charge for a service or supply in excess of the reasonable and customary charge."
(UFCW Local 1500 Full Time Employees Group Benefit Plan SPD, Page 63)

SUMMARY:

Date(s) of Service:	January 13, 2012
Paid:	January 8, 2013
Appeal Received:	March 8, 2013

The **provider,** Arif Ahmad, MD, is appealing for additional payment of a claim for the participant's spouse. The provider states "The balance on this account is $18,507.20 and will become the member's responsibility if you choose not to make additional payment."

Fund records indicate that Dr. Ahmad submitted a claim for an emergency laparoscopic cholecystectomy performed at John T. Mather Memorial Hospital (in-network facility). The claim was paid correctly up to the limits of the Plan. Dr. Ahmad does not participate with Empire.

Note: The provider's charges are in excess of the Fund's UCR for these services.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Special Part Time

ISSUE: Medical – Charge in Excess of Usual and Customary Rate (UCR) #M13/123-2098

FUND RULE:
"SPECIAL MEDICAL BENEFITS FOR PART-TIME MEMBERS WITH NOW OTHER HEALTHCARE COVERAGE
Emergency Room Treatment
The Fund will pay 100% of the PPO Fee Schedule for participating Hospitals and 100% of the Usual & Customary charges for non-participating hospitals, up to a maximum of $750 for eligible emergency treatment in a legally constituted hospital on an outpatient basis. A $50 co-payment will be required for each Emergency Room visit. There is no coverage for physician services under this benefit.

The Plan will cover Special Medical Benefits through the MultiPlan Preferred Provider Organization, with an applicable co-payment of $25 per visit. Benefits are also available Out-of-Network after each eligible member meets a $400 deductible per calendar year."
(UFCW Local 1500 Part TIme Employees Group Benefit Plan SPD, Pages 40-41)

"Surgical Services
The Plan covers 50% of the Usual and Customary charges, after satisfaction of the deductible, for the surgical services for the treatment of a covered illness or injury."
(UFCW Local 1500 Part TIme Employees Group Benefit Plan SPD, Page 47)

SUMMARY:

Date of Service:	August 19, 2012
Paid:	April 22, 2013
Appeal Received:	May 20, 2013

The **provider,** Long Island Plastic Surgical Group is appealing for additional payment of a claim. The provider states that reconstructive surgeon, Dr. Louis Riina performed an emergency laceration repair after the participant dropped a 90 pound weight onto his left middle finger. The provider states "According to the Affordable Care Act reform legislation requires that health plans and insurers provide coverage for all emergency services without regard to whether the provider is in or out of network."

Fund records indicate Long Island Plastic Surgical Group submitted a claim for an emergency room visit and a complex wound repair performed at Nassau University Medical Center. The claim was paid correctly up to the limits of the Plan. Long Island Plastic Surgical Group does not participate with MultiPlan.

Note: The provider's charge is in excess of the Fund's UCR for this service.

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time (on dates of service)

ISSUE: Hospital/Medical – Charge in Excess of Usual and Customary Rate (UCR), Late Appeal #M13/124-1955

FUND RULE:
"Comprehensive Out-Of-Network Major Medical Expense Benefit Exclusions
3. The portion of a charge for a service or supply in excess of the reasonable and customary charge."
(UFCW Local 1500 Full Time Employees Group Benefit Plan SPD, Page 63)

"Claim Appeal Procedures
If a denial takes place, you or your authorized representative may appeal, in writing, to the Board of Trustees within 180 days after you receive the Fund's denial notice."
(UFCW Local 1500 Full Time Employees Group Benefit Plan, SPD, Page 91)

SUMMARY:

Date(s) of Service:	September 5, 2009 - September 9, 2009
Paid:	November 8, 2011
Appeal Received:	May 20, 2013

The **provider,** Chuks J. Onwu, Surgical Services, PLLC, is appealing for additional payment of a claim. Dr. Onwu states the participant was admitted through the emergency room and the procedure was performed on an emergent basis.

Fund records indicate that Dr. Onwu submitted a claim for an emergency Thoracostomy and subsequent hospital visits performed at St. Catherine of Siena Hospital (in-network facility). The claim was paid correctly up to the limits of the Plan. Dr. Onwu does not participate with Empire.

Note: The provider's charges are in excess of the Fund's UCR code for these services.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Special Part TIme

ISSUE: Hospital/Medical – Non-Covered Services #M13/111-5100

FUND RULE:
"Covered Expenses
The PPO Program provides benefits, within all Plan guidelines and limitations, for the following services when received through the network:
* Medical visits by your attending Physician during hospitalization, when not related to surgery, up to a maximum of 31 visits in any 12 consecutive month period. One visit per day is allowed."
(UFCW Local 1500 Part TIme Employees Group Benefit Plan SPD, Page 44)

SUMMARY:

Date(s) of Service:	September 21, 2012 through September30, 2012
Denied:	January 14, 2013
Appeal Received:	March 15, 2013

The **billing agent for the provider,** Dr. Naveen Goyal, is appealing for payment of a claim that was denied. The billing agent states that Dr. Goyal was the attending physician and should be paid for the medical services he performed during the participant's inpatient admission.

Fund records indicate that the participant had an inpatient admission to Brooklyn Hospital from September 21, 2012 through October 2, 2012 with a primary diagnosis of "Cerebral artery occlusion" and a secondary diagnosis of "Hypopotassemia". No claims for surgery were received for these dates of service. Dr. Goyal submitted a claim for medical visits during the participant's inpatient stay. Fund records further indicate that claims were previously paid to other in-network physicians for medical visits on the same dates of service, as follows:

9/21/2012 visit - claim paid on 10/23/2012 to John Buccellato, MD
- Primary Diagnosis: "Cerebral artery inclusion with cerebral infarction"

9/23/2012 visit - claim paid on 10/26/2012 to Farhad Arjomand, MD
- Primary Diagnosis: "Unspecified intracranial hemorrhage"

9/25/2012 visit - claim paid on 11/19/2012 to TBHC Physician Service
- Primary Diagnosis: "Unspecified hypertension"

9/30/2012 visit - claim paid on 10/26/12 to Linus Yoe, MD
- Primary Diagnosis: "Benign hypertensive heart and renal disease"

The claim submitted by Dr. Goyal was denied because the Fund previously paid claims to other providers for these dates of service. The Plan allows coverage of one visit charge per day.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐

COMMENTS:

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Special Part TIme

ISSUE: Hospital/Medical – Non-Covered Services #M13/118-7806

FUND RULE:
"Special Part-Time Benefit Plan Exclusions
24. Assistant Surgeon's fee.
(UFCW Local 1500 Part TIme Employees Group Benefit Plan SPD, Page 51)

SUMMARY:

Date(s) of Service:	December 9, 2012
Denied:	January 15, 2013
Appeal Received:	April 15, 2013

The **provider,** Health Quest Medical Practice, is appealing for payment of a claim that was denied. The provider states the participant had no control over the fact that an assistant surgeon was required for this procedure.

Fund records indicate that the participant had a cesarean section performed at Vassar Brothers Medical Center (a participating facility) by Teresita Silverio, MD (a participating provider). The claims for the surgeon and facility were paid. The claim for the assistant surgeon, Nhan Tia, MD, was denied because the services of an Assistant Surgeon are not a covered benefit of the Plan.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐

COMMENTS:

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Special Part TIme

ISSUE: Hospital/Medical – Emergency Treatment #M13/117-0889

FUND RULE:
"EMERGENCY ROOM TREATMENT
This benefit will be paid **only when:**
* The treatment for a sudden illness is rendered within twelve (12) hours of the onset of such illness; and
* The sudden illness is determined to be life threatening; or
* The treatment for an accidental injury is rendered within twenty-four (24) hours of the accidental injury.

The Trustees reserve the right to determine if the illness is sudden and life threatening or if the injury was accidental in nature and reserve the right to request any and all emergency room notes and/or charts prior to any benefits being paid."
(UFCW Local 1500 Part TIme Employees Group Benefit Plan SPD, Page 40)

SUMMARY:

Date(s) of Service:	September 15, 2012
Denied:	October 16, 2012
Appeal Received:	April 8, 2013

The **provider,** North Shore University Hospital is appealing for additional payment of a claim that was denied. The provider states that treatment in the emergency room was medically necessary and included medical records for review.

After the appeal was received, the medical records were reviewed by the Fund's medical consultant who determined that treatment for the participant's condition, impacted cerumen*, does not meet the criteria for a covered emergency room visit under the Plan.

*impacted cerumen - earwax blockage

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Special Part Time

ISSUE: Medical – Motor Vehicle Accident #M13/125-8314

FUND RULE:
"SPECIAL PART-TIME BENEFIT PLAN EXCLUSIONS
6. Any injuries or complications thereof arising out of ay motor vehicle accident or that fall under the parameters of any motor vehicle policy, whether or not such policy is required by law, including but not limited to "No Fault" and including but not limited to cars, motorcycles and boats.

10. A criminal act by a covered person (including aiding and abetting the commission of a crime) and/or injuries sustained during a riot or insurrection, whether or not under the influence of alcohol, narcotic or other substance."
(UFCW Local 1500 Part TIme Employees Group Benefit Plan SPD, Page 50)

SUMMARY:

Date of Service:	June 17, 2012
Denied:	September 25, 2012
Appeal Received:	May 20, 2013

The **provider,** North Shore University Hospital - Southside is appealing for payment of a claim. The provider submitted a copy of a new York Motor Vehicle No Fault Insurance Law Denial of Claim Form indicating that personal injury benefits were denied because the "[the participant] was operating the motor vehicle in an intoxicated condition."

Fund records indicate North Shore University Hospital-Southside submitted a claim emergency room treatment. The claim was denied advising that expenses payable under an automobile policy are not covered under the Plan. The claim remained denied because the participant was operating his vehicle in an intoxicated condition.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Retiree

ISSUE: Hospital/Medical – Late Filing #M13/115-5865

FUND RULE:
"Tips for Filing a Claim
* File claims within 18 months of the date of service to receive benefits."
(UFCW Local 1500 Full Time Retirees Group Benefit Plan SPD, Page 19)

SUMMARY:

Date(s) of Service:	December 28, 2007 through January 3, 2008
Denied:	February 13, 2013
Appeal Received:	April 8, 2013

The **provider,** Grossmont Hospital-Sharp, is appealing for secondary payment of a claim that was denied for untimely filing. The provider states that Medicare reprocessed the claim on January 15, 2013 and reduced their payment.

Fund records indicate Grossmont Hospital-Sharp submitted a claim for an inpatient admission for the participant. An Explanation of Benefits (EOB) from Medicare, received with the appeal, confirms that Medicare reprocessed the claim on January 15, 2013.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Special Part TIme

ISSUE: Hospital/Medical – Routine Services #M13/120-0306

FUND RULE:
"SPECIAL PART-TIME BENEFIT PLAN EXCLUSIONS
27. Routine physical examinations and/or routine gynecological examinations."
(UFCW Local 1500 Part TIme Employees Group Benefit Plan SPD, Page 51)

SUMMARY:

Date(s) of Service:	October 25, 2012	November 28, 2012
Denied:	January 15, 2013	(Paid: January 15, 2013)
Appeal Received:	April 30, 2013	

The **participant** is appealing for payment of a claim that was denied. The participant states that she is a cancer survivor and that her office visit was not routine.

Fund records indicate Women's Contemporary Care submitted a claim for a routine office visit that took place on October 25, 2012. The claim was denied because coverage of routine examinations is not a benefit of the Plan. Women's Contemporary Care submitted another claim for a medical management office visit that took place on November 28, 2012. The allowed amount for this claim was applied to the participant's deductible.

After the appeal was received, Maloney mailed requests for medical records for these dates of service to the participant and the provider on May 1, 2013, and again on May 20, 2013. To date, no response has been received.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Hospital/Medical – Physical Therapy Benefit #M13/122-6554

FUND RULE:
"EMPIRE EPO (EXCLUSIVE PROVIDER ORGANIZATION) MEDICAL NETWORK IN-NETWORK COVERAGE
Physical Therapy - 30 or home or office visits per calendar year - PAID-IN-FULL"
(UFCW Local 1500 Full Time Employees Group Benefit Plan, SPD, Page 43)

SUMMARY: Appeal Received: May 20, 2013

The **provider,** Barry Simonson, MD, is appealing on behalf of the participant's spouse for coverage of another month of physical therapy visits beyond the 30-visit maximum allowed by the Plan. Dr. Simonson states that the participant's spouse has made progress, but will need additional physical therapy to fully recover from a left knee total replacement. Dr. Simonson states that the normal recovery for joint replacement surgery is from 3-6 months.

Fund records indicate the participant's spouse had a left knee total replacement on February 26, 2013.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Hospital/Medical – Physical Therapy Benefit #M13/128-8353

FUND RULE:
"EMPIRE EPO (EXCLUSIVE PROVIDER ORGANIZATION) MEDICAL NETWORK IN-NETWORK COVERAGE
Physical Therapy - 30 or home or office visits per calendar year - PAID-IN-FULL"
(UFCW Local 1500 Full Time Employees Group Benefit Plan, SPD, Page 43)

SUMMARY: Appeal Received: May 31, 2013

The **provider,** Scott a. Rodeo, MD, is appealing on behalf of the participant's spouse for coverage of additional physical therapy visits (unknown number of visits requested) beyond the 30-visit maximum allowed by the Plan. Dr. Rodeo states the participant's spouse underwent a left distal femoral osteomy and meniscal transplant on January 25, 2013. He further states the participant's spouse "has not achieved the rehabilitation goals for a successful surgical outcome. Thus it is medically necessary to continue the current course of physical therapy."

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Dental - Annual Maximum #D13/129-3946

FUND RULE:
"Dental Expense Benefit
The Plan pays a dentist's charge for a covered service, up to amount listed for the particular service in the Schedule of Dental Procedures appearing later in this booklet.

Annual Maximum Benefit Payable:
Member……$2,000
Spouse……..$1,500
Child……..$1,250
(UFCW Local 1500 Full Time Employees Benefit Plan SPD, Page 20)

SUMMARY: Appeal Received: June 6, 2013

The **participant** is appealing for coverage of future dental procedures beyond the annual dental expense benefit maximum. Included with the appeal, was a copy of a patient treatment plan showing an estimated $2,300 patient responsibility (for future services) after exhaustion of the dental expense benefit for 2013.

Fund records indicate a dental claim was paid ($750) to Goldberg Dental of Valley Stream on January 24, 2013, for services the participant received on January 9, 2013. Fund records further indicate a preauthorization for additional treatment was received from the same provider on March 25, 2013. The participant and provider were advised that the 2013 dental expense benefit remaining for the participant was $1,250.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS: