UFCW LOCAL 1500 WELFARE FUND MEETING

Medical

Appeal #	Issue	BOT Results	
M13/163-2460	Emergency Treatment	**Tabled**	**1**
M13/158-0511	Late Filing	**Tabled**	**2**
M13/172-8117	Emergency Treatment	**Tabled**	**3**

New Appeals

M13/170-2983	Annual Benefit Maximum		**4**
M13/171-2672	Experimental/Investigational, Late Appeal		**5**

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

TABLED APPEAL

LOCAL: 1500
STATUS: Full Time

ISSUE: Hospital/Medical – Emergency Treatment #M13/163-2460

FUND RULE:
"Emergency Care Benefit
Empire defines an emergency as a medical or behavioral condition, the onset of which is sudden and serious. it manifests itself by symptoms of such severity, including severe pain, that a prudent layperson with an average knowledge of medicine and health could reasonably expect that the absence of immediate medical attention would result in:
* Placing the health of the affected person in serious jeopardy;
* Placing the health of an individual with a behavioral health condition or others in serious jeopardy;
* Causing serious impairment of the individual's bodily functions;
* Causing serious dysfunction to any bodily organ or part;
* Causing serious disfigurement for the afflicted individual.
(UFCW Local 1500 Full Time Employees Group Benefit Plan SPD, Page 34)

SUMMARY:

Date(s) of Service:	July 18, 2013
Denied:	July 31, 2013 and August 15, 2013
Appeal Received:	September 9, 2013

The **participant** is appealing for payment of claims for his eighteen year-old daughter that were denied. The participant states that his daughter was experiencing pain in her lower back and numbness in her feet and he felt that emergency treatment was required.

Fund records indicate Brookhaven Memorial Hospital submitted a claim for emergency room services with a diagnosis of "idiopathic peripheral neuropathy". Fund records further indicate that Dr. Carl Goodman submitted a claim for an emergency room evaluation with a diagnosis of "mononeuritis of the lower limb". The claims were denied because the treatment did not meet the criteria for the emergency care benefit under the plan. Medical records, received with appeal, indicate the participant was seen in the emergency room on a Thursday afternoon at 1:56pm for numbness in her toes. After examination, the participant's daughter was discharged home at 7:19pm and was referred to a neurologist for further evaluation.

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

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

TABLED APPEAL

LOCAL: 1500
STATUS: Full Time

ISSUE: Hospital/Medical – Late Filing #M13/158-0511

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:	February 16, 2010	
Received:	April 9, 2013	(1,165 days)
Denied:	April 26, 2013	
Appeal Received:	September 3, 2013	

The **participant's spouse** is appealing for payment of a claim that was denied for untimely filing. The participant's spouse states that Dr. Arif Ahmad (an out-of-network provider) performed emergency surgery to remove an eroded lap band on February 16, 2010. The claim, with a billed amount of $35,400, was submitted to Empire. When Empire paid only $3,121.71, the participant's spouse appealed to Empire for additional payment. Consequently, Empire requested a refund of the $3,121.71, and advised that the out-of-network claim must be filed to Maloney Associates. The billing representative for the provider states, it was assumed that Empire would forward the claim to Maloney Associates for reprocessing after the refund was received.

Fund records indicate that Dr. Arif Ahmad submitted a claim to Empire on June 24, 2010. Empire paid the claim in error. When the participant appealed for additional payment, Empire advised that because Dr. Ahmad was an out-of-network provider, he must refund the monies paid on the claim ($3,121.71) and resubmit the claim to Maloney Associates. When a refund was not received, Empire mailed a corrected explanation of benefits (EOB) to the participant on October 5, 2010, advising that information from the provider was needed before the claim could be reprocessed. A copy of the provider's refund check to Empire (dated May 26, 2011) was included with the appeal. The claim was first received by Maloney Associates on April 9, 2013, and was denied because it was not received within 18 months of the date of service. (The claim was received 37 months after the date of service).

Note: The Office of the Attorney General of the State of New York has suggested that the participant had no control of the situation and has requested that the Fund contact the provider to negotiate a settlement.

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

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

TABLED APPEAL

LOCAL: 1500
STATUS: Special Part Time

ISSUE: Hospital/Medical – Emergency Treatment #M13/172-8117

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:	October 10, 2013
Denied:	October 17, 2013
Appeal Received:	November 4, 2013

The **provider,** Northern Westchester Hospital, is appealing for 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.

Fund records indicate that Northern Westchester Hospital submitted a claim with a diagnosis of "migraine". The claim was denied because the emergency room treatment did not meet the criteria for coverage under the Plan. Medical records, received with the appeal, indicate the participant arrived at the emergency room at 2:54am and presented with a headache (migraine) with a "10 out of 10 in severity". Onset was one day prior, but symptoms worsened in the last three hours. Records further indicate that the participant was three months pregnant and did not take Tylenol or Motrin prior to her arrival at the hospital. The participant was treated with Reglan and was discharged home at 3:28am.

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

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Special Part Time

ISSUE: Hospital/Medical – Annual Benefit Maximum #M13/170-2983

FUND RULE:
"SPECIAL MEDICAL BENEFITS FOR PART-TIME PLAN
All services covered under the Special Medical Benefit are subject to the $15,000 annual maximum for both In and Out-of-network services, combined."
(UFCW Local 1500 Part Time Employees Group Benefit Plan SPD, Page 43)

SUMMARY:

Date(s) of Service:	August 29, 2013
Claims Received:	September 11, 2013 through September 12, 2013
Claims Denied:	September 13, 2013
Appeal Received:	November 1, 2013

The **participant** is appealing for payment of claims that were denied. The participant states that when she called Associated Administrators, she was advised that her surgery would be covered. The participant further states she cannot afford to pay these bills out-of-pocket.

Fund records indicate Dr. David A. Gerstenfeld, Staten Island University Hospital, and Seaview Medical Anesthesia Group submitted claims for the participant's surgical procedure. The claim submitted by Dr. David A. Gerstenfeld (received on September 6, 2013) was processed and paid, up to the limits of the Plan. The participant's annual benefit maximum exhausted when that claim was released for payment (on September 9, 2013). The claims submitted by Staten Island University Hospital and Seaview Medical Anesthesia Group (received from September 11, 2013 through September 12, 2013) were denied because the participant's annual benefit maximum was exhausted. Other claims, remaining beyond the annual benefit maximum, were denied.

Note: Associated Administrators previously mailed three (3) EOBs (Explanation of Benefits) for other paid claims to the participant from August 1, 2013 through August 23, 2013 (prior to this date of service), advising that her annual benefit maximum was within $2,000 of being exhausted.

Associated Administrators can confirm receiving a telephone call from the participant on July 18, 2013 regarding coverage for an unspecified injection, and on September 19, 2013 regarding treatments on August 15, 2013 and August 29, 2013. The participant was reminded, at that time, her annual benefit maximum had exhausted. Associated Administrators does not have any record of receiving any telephone calls from the participant during the month of August 2013.

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

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Hospital/Medical – Experimental/Investigational Services, Late Appeal #M13/171-2672

FUND RULE:
"EMPIRE EPO (EXCLUSIVE PROVIDER ORGANIZATION) MEDICAL IN-NETWORK COVERAGE
EPO Medical Limitations And Exclusions
Along with all General Plan Exclusions, the following benefits are not covered through the EPO program:

- Technology including treatments, procedures, drugs, biological, and medical devices that, in Empire's sole discretion, are not medically necessary in that they are one of the following:
  - Experimental
  - Investigational

'Experimental' or 'Investigational' means either of the following definitions:

- The technology is not of proven benefit for either the particular diagnosis or the treatment of your condition.

- The technology is not generally recognized by the medical community (as reflected in the published peer-review medical literature) as either effective or appropriate for the particular diagnosis or treatment of your particular condition."
(UFCW Local 1500 Full 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 Full Time Employees Group Benefit Plan SPD, Page 91)

SUMMARY:

Date(s) of Service:	November 14, 2011 and July 30, 2012
Denied:	November 13, 2012 through April 18, 2013
Appeal Received:	November 1, 2013 (197-353 days)

The **participant** is appealing for payment of claims that were denied by Empire. The participant states, "In February 2010, I was diagnosed with Non-Hodgkin lymphoma. Since then, I have had two scans as part of my treatment plan." Included with the participant's appeal, is a letter of medical necessity from Steven Montana, DO (dated May 16, 2013), stating, "These scans were medically necessary to follow a known diagnosis of splenic diffuse B cell Non-Hodgkin lymphoma. The earlier scan was done preoperatively and the later scan was done postoperatively after a splenectomy."

Fund records indicate Zwanger-Perisi Radiology submitted claims for PET (Positron Emission Tomography, nuclear medical imaging) scans that the participant had on November 14, 2011 and July 30, 2012. Empire denied the claims, requesting additional clinical information including the operative report from the participant's oncologist. Empire received medical records from another physician, however, the clinical and operative reports were not received from the oncologist. The claims remained denied.

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