



## **CHILDREN WITH DISABILITIES IMPACT ALERT:**

### **GETTING TO YES**

## **WHAT TO DO WHEN YOUR CHILD'S MEDICAL ASSISTANCE INSURER DENIES OR REDUCES SERVICES**

### **THE PROBLEM**

Most children on Medical Assistance (also called Medicaid or just MA) are enrolled in Managed Care Organizations ("MCOs") --one for medical care and another for behavioral services. (See our summaries of each system at [www.imaginedifferent.org/medicaiddefense](http://www.imaginedifferent.org/medicaiddefense).) These MCOs get to determine the amount of services for which they will pay. Some of these MCOs appear to be preparing for the upcoming cuts to federal funding by reducing the amount of services they approve.

### **PHONE CALLS NOT ENOUGH**

Most people's inclination when finding out their child has had their services reduced or terminated is to call the MCO. However, if you rely on phone calls alone, you may lose important rights that can help you get your child's services back.

### **PEER-TO-PEER REVIEWS**

You should encourage the provider who prescribed the service/equipment in question to contact one of the Medical Directors at your child's MCO to explain why the service/equipment is medically necessary and there aren't other less expensive services/equipment that are appropriate. These phone contacts are called "peer-to-peer reviews." If the prescriber is in the network of that MCO, they will have the contact information for the Medical Directors. Your child's prescribing provider may be able to get the MCO's Medical Director to overturn the denial or reduction, usually by providing additional clinical information.

However, a peer-to-peer-review does not change the time limits you have to file an appeal, so if you wait to file an appeal until the peer-to-peer is completed, it may be too late to file an appeal if the MCO's Medical Director doesn't overturn the denial/reduction.

## **YOUR RIGHT TO APPEAL**

You have the right to appeal any denial or reduction in services or equipment by your child's Medical Assistance MCO or by the state for children in "fee for service" Medical Assistance (mostly children on "HIPP"), so long as the service or equipment in question was prescribed by a licensed or certified provider enrolled in Medical Assistance.

## **TIMELINES FOR APPEALS (GRIEVANCES)**

Denial of a request for a new service/equipment or increased hours of an existing service: 60 days from date on denial/reduction notice. However, the MCO does not have to approve the requested service/equipment unless and until you win that appeal (called a "grievance") so the quicker you file the appeal, the sooner you will get your appeal heard and decided.

Termination or reduction in services previously approved: appeal within 15 days from the date on the reduction/termination letter in order have those services continue during the appeal process. You can appeal a full 60 days after the date on the reduction/termination letter but if your appeal is not within 15 days, services will be reduced/terminated unless and until you win that appeal.

## **HOW TO APPEAL**

Appeals should be made in writing but you can start the appeal by calling Customer Service of your child's MCO (number on their member card). For children on "fee for service," the contact information for appeals will be on the notice of denial/reduction.

- Start the appeal over the phone if you are appealing a reduction or termination of a previously approved service or are otherwise close to the deadline for an appeal.
- For phone calls, be sure to specifically say you want to file an appeal (or request a grievance) and what denial/reduction you are appealing.
- Also ask if the MCO has an appeal form, and if so, ask for a copy.
- Also get the name of the person to whom you spoke and write down the date and time of the call.

## **WHAT HAPPENS NEXT?**

The MCO will review your appeal (grievance) and schedule a meeting during which you have the right to explain why you believe the reduction or termination is wrong. You also have the right to have whoever prescribed the service/equipment to explain by phone why your child still needs the service/equipment.

## PREPARING FOR YOUR APPEAL (GRIEVANCE)

You will have a much better chance of winning your grievance if you are well prepared. You can find helpful information about how to prepare at PA Health Law Project's website:

<https://www.phlp.org/en/resource-library?page=1&categoriesAnd=childre>

If your grievance is denied, you will have opportunities to appeal further. Read the decision letter carefully and go to the website above for more information.

*OBBBA, signed into law on July 4, 2025, includes significant cuts to federal Medicaid spending, which are expected to total around \$1 trillion nationwide over 10 years. The cuts are projected to cause millions of people to lose their health coverage. In the coming years, Pennsylvania's leaders will need to make difficult decisions as to how to implement these massive cuts within our state. In preparation for the difficult decisions ahead, the Coalition intends to keep stakeholders informed as to Medicaid's benefits for children with developmental disabilities and their families.*