



Domna A <dom[REDACTED]>

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**Demi Margulies File CRS00681-24**

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Do [REDACTED]@mail.com>  
To: [REDACTED]@acentra.com>

Mon, Feb 5 at 7:49 AM

H [REDACTED]

I hope you are well. UHC said that I needed to request the full external review case file from the external review agent. Please let me know if there are any specific forms that I need to complete or if in need to speak with a different department.

Best  
Domna

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FYI- I WAS TOLD NO. I COULD NOT HAVE THE FILE



KATHY HOCHUL  
Governor



ADRIENNE A. HARRIS  
Superintendent

Michael [Redacted]

NO ONE HAS JURISDICTION- WHY DONT YOU FIGURE OUT HOW TO JUST FAX IT TO THE MAIN ENTITY

February 5, 2024

RE: Dept. File # [Redacted]  
Your Complaint Against: UnitedHealthcare of New York, Inc  
On Behalf Of: Demi Chritina Margulies

Dear Michael [Redacted]:

This letter refers to the complaint you filed with this Department.

Complaints regarding coverage through Medicaid Managed Care plans are handled by the NYS Department of Health. By copy of this letter, we are forwarding your complaint to that agency. If you need to contact them, you may do so as follows:

NYS Department of Health  
Attn: Bureau of Consumer Services  
Complaint/Intake Unit  
OHIP DHPKO 1CP-1609  
Albany NY 12237  
Phone: 1-800-206-8125  
Email: [managedcarecomplaint@health.state.ny.us](mailto:managedcarecomplaint@health.state.ny.us)

We trust this information is of assistance to you.

Sincerely,

Consumer Assistance Unit

212-480-6282 (Fax)

cc: NYS Department of Health



February 5, 2024

**URGENT DOCUMENT REQUEST FOR EXPEDITED FAIR HEARING AND APPEAL**  
**DEMI MARGULIES 2/26/96**  
**ID- 116280620 HHC Community Plan**

Hello I am requesting the following documents to be sent to me immediately via member portal, email or fax. I am entitled to all of these documents under Medicaid and Insurance law so I can do my urgent requests. I signed an authorization of release

Send to:

[Redacted] m

- **Case # N** [Redacted]  
**0157268** [Redacted]

1. Complete copy of med necessity guidelines used
2. proof internal reviewer used above to determine medical nec.
3. Other records/communications/logs

- **CS** [Redacted]

1. External Reviewer's - complete file and communication
2. . Docs/logs/correspondence w/ DFS/ external appeal agent/physicians/ patient

- **11 /20/23- 2/6/24 Brookdale**

1. \*\*\*\*Priority 1/1/24/2/6/24\*\*\*
2. Complete case management & communication notes

SENT TO EVERY PUBLIC FAX NUMBER- SEE THE BEHAVIORAL HEALTH DEPT COMPLAINT FOR MORE.

## Authorization for Release of Health Information

Please keep a copy of this form for your records.

### Member's Information

Full name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Member/Subs \_\_\_\_\_

### I understand and agree that:

- This authorization is voluntary.
- My health information may be from third parties. This may include health care providers. It may be these types of information:
  - Medical records
  - Pharmacy
  - Dental records
  - Vision care
  - Mental health
  - Substance abuse care
  - HIV/AIDS
  - Psychotherapy
  - Reproductive care
  - Communicable disease
- I may not be denied treatment or payment for health care if I don't sign this form. I may not be denied eligibility for health care if I don't sign this form.
- My health information may be shared by the recipient. If the recipient is not a health plan or provider, the information may not be protected by the federal rules.
- This permission will expire 1 year from the date I sign it. I may cancel it at any time. To do so, I must tell UnitedHealthcare in writing. The revocation will not have an effect on any actions prior to the date it is processed.

### Who may get and share my information

I give permission for UnitedHealthcare and its affiliates to get from or share my health information with:

\_\_\_\_\_  
 Full name of person  
 \_\_\_\_\_  
 Full name of person

### Type of information to be shared

Check one of the boxes.

I authorize disclosure of all my health information. This includes these types of information:

- Medical records
- Substance abuse care

- A. For A225334031, L0191042004, 202401-173055 , M0342230007
1. Complete copy of med necessity guidelines used
  2. proof internal reviewer used above to determine medical nec.
  3. Other records/communications/logs

I authorize only the disclosure of the following information:

- Pharmacy
- Dental records
- Vision care
- Mental health
- HIV/AIDS
- Psychotherapy
- Reproductive care
- Communicable diseases

See A-C top & bottom of page **URGENT**

**Purpose of disclosure**  
Check one of the boxes.

My health information is being shared at my request or at the request of my representative.

My health information is being shared for this purpose:

*[Signature]* **URGENT APPEAL**

Signature

St [Redacted]

W [Redacted]

**Personal representative**  
If you are a guardian or court appointed representative, you must attach a copy of your legal authorization to represent the member.

Personal representative's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number \_\_\_\_\_

Signature of member's representative \_\_\_\_\_ Date \_\_\_\_\_

- B. CSB 2024-01572681
1. External Reviewer's - complete file and communication
  2. Docs/logs/correspondence w/ DFS/ external /physicians/ patient
- C. 11/20/23- 2/6/24 Brookdale \*\*\*\*Priority 1/1/24/2/6/24\*\*\*
1. Complete case management & communication notes

THIS ONE IS GOOD.



## UHC chat

D  
To

Fri, Feb 9, 2024 at 5:25 PM

5

Hello! I'm the virtual assistant, here to get you started.  
How can I help you today? <<

▶  
Hi. I have a few questions  
Read

You - 12:31 PM

We appreciate your patience while we connect you with the first available advocate. <<

UnitedHealthca... - 12:31 PM

Your wait time is less than 1 min.

You are now connecte [REDACTED]

Info - 12:32 PM

Good afternoon! Thank you for contacting UnitedHealthcare. My name is [REDACTED] I hope that you're doing well. How may I help you today? <<

Cori - 12:32 PM

I filed an expedited appeal on Saturday for denial of a prior authorization at NY Presbyterian.

can you check if it's going through expedite or regular appeal process?

▶  
PRE-SERVICE Inpatient Admission [REDACTED]  
NY MEDICAID Uni  
Read

You - 12:34 PM

I would be happy to look into that for you. Please allow me 2 to 3 minutes while I review your account.

Yes I do see the appeal and they are currently working on it, I am seeing a letter was sent today. Allow me 2-3 more min to look into it more. ◀◀

[REDACTED]

▶  
Ok. Can you also give me the fax to send more documents  
Read

You - 12:45 PM

UnitedHealthcare Community Plan  
Attn: Complaint and Appeals Department  
PO Box 31364  
Salt Lake City, UT 84131-0364  
Fax/Expedited Fax: 1-844-226-0356 ◀◀

Cori - 12:47 PM

▶  
Thanks. The notice says that I can get copies of the documents , guidelines, records used . How do I request this?  
Read

You - 12:50 PM

Have you not received all the letters in the mail? ◀◀

Cori - 12:51 PM

I'm not asking for the letters. One sec I'll show you



▶ You or someone you choose can also examine your case file before or during the action appeal process, which includes medical records and any other documents and records that will be considered during the action appeal process.  
Read

You - 12:57 PM

I see, allow me 2-3 min to review. ◀◀

[Redacted]

I believe all the records and everything that were used will have to be requested through your provider. ◀◀

[Redacted]

That doesn't really make sense

do they fax that same number?

▶ can you double check? This is a Medicaid managed care plan. UHC should be able to give me the records directly  
Read

You - 1:04 PM

Depends on how the provider sends it, they can fax it or send it electronically. ◀◀

[Redacted]

▶ Can I have the fax number they would use  
Read

You - 1:09 PM

Providers and members would have different information, I provided you with the fax number you will need. <<



You said that only providers can request the documents needed for my expedited appeal

▶ that is why I am asking for the provider fax number  
Read

You - 1:12 PM

No if you are wanting copies of what the provider submitted you will need to get copies from them, for the expedited appeals the providers know what information to send including all medical records showing and proving medically necessary information. <<



I am asking for the documents that UHC used to make their determination.

the notice says to request from Uhc

I'm not trying to be difficult

it says I can request before or during the appeal

▶ it doesn't say only the provider can  
Read

You - 1:19 PM

I completely understand, please allow me 2-3 min. <<

Cori - 1:20 PM

▶ Thanks I appreciate it  
Read

You - 1:21 PM

Did you ever receive any type of mail on the decision and further notes? <<

Cori - 1:21 PM

For [REDACTED] I requested the expedited appeal on Saturday and received confirmation of receipt and notice saying I can request documents today

▶ You are going to hate this but I have other case requests as well but this is the priority

Read

You - 1:24 PM

Okay one moment

Reprints are not available while the case is still being reviewed, once everything is completed we can send reprints out. <<

Cori - 1:25 PM

Ok... so can you send that notice I attached to someone to immediately review? It literally says

You or someone you choose can also examine your case file before or during the action appeal process, which includes medical records and any other documents and records that will be considered during the action appeal process.



You - 1:28 PM

I understand it says that but I am not locating any documents to reprint right now since the decision has not been made from your appeal submitted on the weekend. <<

Cori - 1:33 PM

Can you check under [REDACTED] is the prior authorization that was denied

maybe the records being used for that determination are

▶ there since the appeal is still under review  
Read

You - 1:37 PM

Preview attachment

I would advise to call the provider and see if they can provide you with copies of everything they have submitted. ◀◀

Cori - 1:39 PM

▶ Omg. Not your fault at all so please take everything I say as directed to UHC compliance, and anyone who creates protocols  
Read

You - 1:40 PM

I completely understand. ◀◀

Cori - 1:42 PM

this is incredible disturbing . An individual whose health is at severe risk was denied prior authorization to admit into a psychiatric IP facility. She is entitled to an expedited appeal. She requested one. A dr attestation was included. UHC has 72 hours to make a determination on an initial adverse determination. This means they have until tomorrow to make a final determination o

it us 72 hours, not 3 business days

This is a Medicaid managed care plan

so the governing rules and regulations are both Medicaid and insurance laws.

It is subject also to NY Medicaid laws and also some NY insurance laws

all of these laws very clearly say that an individual is entitled to their record and this includes all documents used in making aDecision

Members or their representatives have the right to request these records before or during the appeal

▶  
This is clearly articulated in all of the relevant regulations as well as UHCs notices  
Read

You - 1:47 PM

I totally understand and do apologize, I do see they are working on it as they added notes at 12PM but they have not made the decision yet. ◀◀

Cori - 1:48 PM

the notice has no indication as to how to actually request these documents and so the only way someone can even find where to make the request is through customs service.

despite you diligently taking a lot of time and effort to help me, you can't give me information on how on earth I can request the documents that UHC has, and that the notice, laws and regulations say that I can get before or during my expedited appeal

nope took.

it's ok. I'm just making sure that I clearly articulate the issue

▶  
i know your hands are tied . My request is only that you forward the chat to a supervisor or compliance or someone else to show that a patient is really concerned that UHC doesn't seem to have a protocol in place for this

Read

You - 1:51 PM

I understand and will. ◀◀

Cori - 1:52 PM

Almost done. I promise :)

One of my worries is that there isn't any readily accessible guides for consumer advocates, or other individuals who face the consumers who can easily find answers to this type of problem .

you shouldn't have to keep looking for info, UhC should either include this information and non general contact email/ fax for these requests 🚚

A provider isn't supposed to be the only one who can communicate or access documents. It's cruel. It's so incredibly cruel and wrong that a person who is appealing a denial has no ie

▶  
No idea what UHC used to make the decision, doesn't know what guidelines, or other records. How can you fairly appeal, or know what needs more clarity if we get nothing

Read

You - 1:57 PM

▶  
there Are laws in place for this . To give people a chance to challenge a denial

Read

You - 1:58 PM

Have you submitted a complaint with member services? They will be able to send a complaint on your behalf with this information. ◀◀

Cori - 1:58 PM

I am glad to email, mail or fax one .

▶  
last thing is that UHC isn't treating their employees fairly. You don't have the information that people are entitled to and need. And while I am not frustrated with you, I'm sure other members get that way . Do I am also really sorry. And in a genuine and authentic way, that UHC doesn't bother to give employees the tools to help advocate or help members advocate for themselves

Read

You - 2:01 PM

You can submit the complaint to the same place.  
UnitedHealthcare Community Plan  
Attn: Complaint and Appeals Department  
PO Box 31364  
Salt Lake City, UT 84131-0364



Cori - 2:01 PM

▶  
Great, thank you  
Read

You - 2:04 PM

You're very welcome.



Cori - 2:04 PM

▶  
i appreciate it - and attached is guidance if any higher up ever care to look [https://www.health.ny.gov/health\\_care/managed\\_care/plans/appeals/](https://www.health.ny.gov/health_care/managed_care/plans/appeals/)

Read

You - 2:04 PM

Thank you. I wish there was more I could do, although I am glad that I was able to review your account with you. I appreciate your time today. After our chat ends you will be presented with an option to complete a survey about your experience with me. I look forward to your feedback. Do you have any other questions or concerns today?



Cori - 2:05 PM



I have no concerns with you and will do the survey based on our interaction only. You were patient and diligent. If you can just please make sure that this conversation is escalated then it would be so incredibly appreciated.

Read

You - 2:07 PM

Of course. It was my pleasure assisting you today. Please don't hesitate to reach out to us if you have any further questions or concerns. We are available through chat, Monday through Friday from 8:00 AM – 8:00 PM EST / 7:00 AM - 7:00 PM CST. Have a lovely day!



Cori - 2:07 PM

Conversation

---

Today

Hello! I'm the virtual assistant, here to get you started.

How can I help you today?



why is my insurance not paying my current hospital brookdale since jan?

Read

You - 4:19 PM

We appreciate your patience while we connect you with the first available advocate.



UnitedHealthca... - 4:19 PM

You are now connected to Ashley.

Info - 4:19 PM

▶  
i am an inpatient who is not ready to be discharged  
Read

You - 4:20 PM

Hello and thank you for contacting UnitedHealthcare. My name is Ashley and I am here to assist you with your questions about your claim. Please bear with me 2-3 minutes as I access your account to provide you with the information you have requested. ◀◀

Ashley - 4:20 PM

why are you putting me in danger?

▶  
and creating more stress?  
Read

You - 4:20 PM

Are you currently at the hospital? ◀◀

Ashley - 4:21 PM

▶  
yes  
Read

You - 4:21 PM

What is the reason for your hospitalization? ◀◀

Ashley - 4:22 PM

mental illness ocd anxiety disorder eating disorder bi polar disorder  
agoraphobia im home less

i didnt receive proper notice that you stopped paying for my hospital

▶  
where are the records?  
Read

You - 4:24 PM

I am so sorry about that. Give me 2-3 minutes while I gather some information for you.

Okay, we will need to submit a fast appeal. This does need to be completed over the phone. Do you have time? 

Ashley - 4:29 PM

yes

I want all the documents used for this i need the fax number for medical documents supporting expedited appeal

▶ i also want all the documents and case file used for this right away please upload or fax to my uhc

Read

You - 4:31 PM

It looks like an appeal was already made on 02/06/2024. It is pending right now. 

Ashley - 4:34 PM

no thats was done for ny presbeterian

nort brookdale

even if it was you passed the deadline to respond

▶ and i didnt receive any confirmation for an appeal to brookdale

Read

You - 4:36 PM

Okay, I actually do not have access to the appeals. You will have to contact member services at the number located on your insurance card. I am so sorry about that! 

Ashley - 4:36 PM

what do you mean you dont have access to the appeal

▶  
im desperate i dont have a phone  
Read

You - 4:37 PM

I don't have access to appeals. The appeals need to be done over the phone. ◀◀

Ashley - 4:37 PM

▶  
i cant call dont hagve access to phone in the hospital  
Read

You - 4:38 PM

I am so sorry but we can not submit the appeal without verbally speaking with you. ◀◀

Ashley - 4:39 PM

youi cant speak with me verbally im in a hospital does that mean i cant appeal this?

▶  
I just want to verify you wont file expideted appeal because we cant speak on the phone? just.to verify?  
Read

You - 4:41 PM

There was an appeal submitted already for Brookdale. ◀◀

Ashley - 4:42 PM

when ?

▶  
can you send me all the documents and records to uhc or to a fax?  
Read

You - 4:43 PM

Back in January of this year. <<

Ashley - 4:43 PM

▶  
what does it say ?  
Read

You - 4:43 PM

I'm not able to send documents or records to you. I am so sorry. <<

Ashley - 4:43 PM

ok im dissapointed im going have a nice weekend

▶  
I would like brookdale to be paid  
Read

You - 4:44 PM

It says the reason you were denied the service on January 21 is because your symptoms had improved. <<

Ashley - 4:44 PM

▶  
im very sick and it medically necessary for my safety to remain her till  
Im sent to second chance ny presbeterian that has been approved  
Read

You - 4:45 PM

You may ask your provider to submit a referral/prior authorization. <<

Ashley - 4:46 PM



you approved me for one inpatient program to the next

Read

You - 4:46 PM

Please

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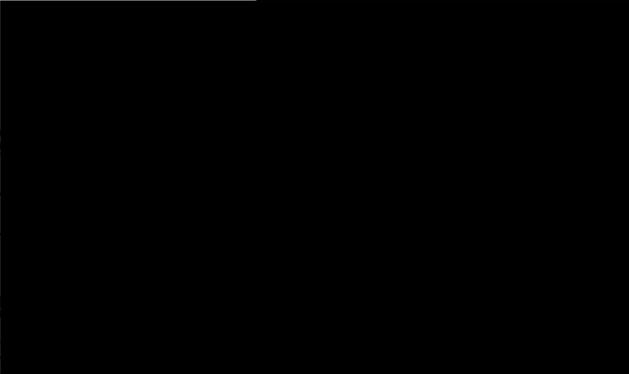
**3 notice.pdf**

243K [View as HTML](#) [Scan and download](#)

**UHC Community Plan Urgent Complaint**

Domna A  
To: <NYS

Mon, Feb 5 at 10:24 AM



v>

**UHC O**  
**CIN M**  
**Debbi**

**PRIOR**  
**NY PR**

**Requested on 1/18/24**  
**Verbal initial denial 1/19/24**  
**Written initial denial Not provided**

To Whom it May Concern:

I am writing to file an urgent complaint against UHC MCO HARP plan for violation of Medicaid and Managed Care Laws.

There are multiple components and my requests are:

- the MCO is required to reverse an adverse claim determination for failure to comply with procedural regulations
- UHC not be permitted to ask Demi to go through the entire internal appeal process because of their error.
- To bypass internal appeal process and be able to go through fair hearing process
- that UHC immediately provides Demi's full claim file via fax/ email

Attached please find 4 documents that provide some context

Attachment 1 is an external appeal and complaint filed with DFS- this outlines the part of the case before DFS involvement

Attachment 2 is an email thread with DFS. DFS contacted UHC. UHC provided an obscene response and I then provided a follow up email rebuttal.

Attachment 3 are conversations with UHC requesting access to claim file and legally required documents in order to adequately supplement the expedited appeal process

Attachment 4 is signed authorization for me to assist Demi.



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01/26/2024

EXPEDITED EXTERNAL APPEAL

**PRIOR AUTHORIZATION #A225334031**  
**NY PRESBYTERIAN HOSP WESTCHESTER DIV**  
**Medicaid Managed Care UHC Community Plan**  
**Reference #: 202401-173055**

This is a request for an expedited external appeal for denial of **prior authorization** [REDACTED] **PRESBYTERIAN HOSP WESTCHESTER DIV**. Demi is 27 years old and has severe and persistent mental health conditions. She has been hospitalized for most of the past 5 years. She is homeless and is in desperate need for appropriate and specialized treatment. She was recently accepted into the Second Chance Program at **NY PRESBYTERIAN HOSP WESTCHESTER DIV**.

This is also a more detailed complaint against UHC for violating MHPAEA, State Insurance, State Medicaid and Federal Medicaid laws. UHC is using an egregious NQTL . They purport to follow a widely accepted level of care guideline for Level 6 ( LOTUS) but instead created their own extremely limited and discriminatory guideline. UHC should be investigated and forced to immediately audit any medical necessity denials allegedly based on LOCUS to ensure they are using the correct guidelines and not their own.

UHC's denial and final adverse determination notice are bizarre . It is unclear as to what is denied and is not responsive to **prior authorization** [REDACTED] **NY PRESBYTERIAN HOSP WESTCHESTER DIV**. The denial letter uses the correct authorization number but then claims the denial is for treatment at Brookdale hospital . However, UHC didn't deny treatment at Brookdale. She is still there. Therefore, the denial should be reversed because UHC failed to process the expedited appeal for **prior authorization** [REDACTED] **STER DIV** within 72 hours,

UHC should not have an opportunity to re-process the authorization or claim a technical error. **Prior authorization** [REDACTED] **IV** was properly submitted, UHC documented it as received, assigned an authorization number, used the correct facility name in their acknowledgment of expedited appeal.

However, given the urgency of the situation we are also providing clinical support to the External Appeal Agency to request approval for **prior authorization** [REDACTED] **WESTCHESTER DIV** using LOCUS Adult Version 20. [REDACTED]

### Summary

- On November 21, 2023, Demi was admitted to Level 6 Psychiatric Inpatient treatment at Brookdale Hospital. Demi is currently still admitted.
- On January 18, 2024 **prior authorization** [REDACTED] **HOSP WESTCHESTER DIV** was made so Demi could re-enroll in [REDACTED] Program.

*The S [REDACTED] program is an inpatient psychosocial rehabilitation program for individuals with primary psychotic disorder illnesses (schizophrenia, schizoaffective disorder) who are having difficulty stabilizing in the hospital or have a history of frequent hospitalizations. The program's mission is to teach and encourage adaptive social, communication, and community living skills. Second Chance uses evidence-based treatments such as cognitive remediation, cognitive behavioral therapy (CBT) for psychosis, manualized skills training groups, medication management, and recovery-focused groups.*

*Our comprehensive unit-based social learning program provides ongoing feedback and rewards individuals for practicing behaviors that will help sustain them in the community and support their health and wellbeing. Medication treatments are used to reduce active symptoms while minimizing their impact on day to day functioning. Supervised activities in real-world settings help participants apply newly learned skills of daily living. The program assists with housing placements and arranges for outpatient treatment and support services for participants to continue the recovery process upon return to the community setting.*

- On January 19 a verbal denial was given of not being medically necessary . A verbal expedited appeal was made.
- In a letter dated January 20,2024 , UHC acknowledged receipt of the expedited appeal.
- In a letter dated January 20,2024 , UHC issued a final adverse determination. The denial states in part:

*Guideline/Policy/Criteria used for the decision is: American Association of Community Psychiatrists Level of Care Utilization System (LOCUS) Adult Version 20 for Level 6, which is applicable for the mental health inpatient level of care. To approve this service in full, the following criteria must be met:*

*- You were behaving in a dangerous way. - Your symptoms had not improved. - You were not taking medications to help with your symptoms. - You had medical problems that need further hospital care.*

*These criteria are not met because: You were not behaving in a dangerous way. Your symptoms had improved. You were letting staff help you. You were taking medications to help with your symptoms. You had no medical problems that need further hospital care.*

**The denial should be reversed for any of the following reasons**

1. UHC incorrectly processed the expedited appeal. UHC did correctly reference **authorization A2 [REDACTED] HOSP WESTCHESTER DIV** in the appeal acknowledgment. However, the contents of UHC's denial was for a different service - continued treatment at Brookdale.
2. UHC exceeded the 72 hour requirement for the expedited appeal for the denial of **prior authorization A225 [REDACTED] RIAN HOSP WESTCHESTER DIV**
3. UHC claimed the not medically necessary denial was based on LOTUS Level 6. They did not use this guideline. They created their own guideline which they then claimed she did not meet.
4. Despite claiming the denial of **prior authorization A2253 [REDACTED] RIAN HOSP WESTC [REDACTED]** she did not meet their invented Level 6 criteria, they continue to cover Level 6 treatment at Brookdale.
5. Even if UHC's criteria was lawful, their facts are incorrect. Demi is behaving in a dangerous way and she does have medical problems.
6. Demi meets the criteria for Level 6 care under LOCUS Adult Version 20.

Prior authorization A225334031- NY PRESBYTERIAN HOSP WESTCHESTER DIV

Demi



Demi's Prior Authorization Request - Submission  
Date - 01/18/2024

Prior Authorization #A22 [Redacted]

[Under review](#)

**Requested Facility**  
**NY P [Redacted] OSP**  
**WES [Redacted]**  
**Expected Dates of Service**  
**01/18/2024 - 01/18/2024**

[View details](#)

Letter dated January 20,2024 acknowledged receipt of the expedited appeal.



P.O. Box 31364 Salt Lake City UT 84131-0364

January 20, 2024



Member Name: [Redacted]  
Member ID Number: [Redacted]  
DOB: [Redacted]  
Date(s) of Service: PRE-SERVICE  
Procedure/Service: Continued stay of Psychiatric Inpatient Hospitalization  
Reference Number: [Redacted]  
Product /LOB: **NY MEDICAID HEALTH AND RECOVERY PLAN (HARP)**  
Requesting Provider: [Redacted]

**Subject: Expedited Appeal Acknowledgement**

Dear Demi [Redacted]

UnitedHealthcare Community Plan® Wellness4Me has received your verbal request for an expedited appeal on January 19, 2024 for the above-referenced services that were denied on January 19, 2024. Your appeal said: You are appealing the denial. You disagree with the decision. You would like this reviewed.

You will receive a decision regarding this appeal in writing to you or your designee and your health care provider within two (2) business days of the receipt of all necessary information and no later than 72 hours of the date of the receipt of the request for the expedited action appeal. We will make an attempt to notify you and your provider of our decision by telephone as well.

You can present information to be considered as part of your appeal in person as well as in writing. This information should be presented when you or someone you choose files your appeal within the times noted above and as soon as possible after the receipt of this notice of acknowledgement of your appeal. You or someone you choose can also examine your case file before or during the action appeal process, which includes medical records and any other documents and records that will be considered during the action appeal process.

You can access your case file free of charge by logging into your myuhc.com account with your protected username and password. If you decide you would like a hard copy of your case file mailed to you, it can also be requested through myuhc.com.

**UnitedHealthcare Community Plan is the trade name of UnitedHealthcare of New York, Inc.**

HARP F3 Expedited Action Appeal Ack Ltr  
DRG# 5371156 Rev 6/2017

Page 2 of this letter has the same case number as page 1 (L0191042004) However, here the denied Service is correctly identified as [REDACTED]ian Hosp Westchester Div. Additionally, this page references prior authorization number [REDACTED] which is for NY Presbyterian Hosp Westchester Div Service.



P.O. Box 31364 Salt Lake City UT 84131-0364

January 20, 2024

DEMI MARGULIES

[REDACTED]

Service/Prescribing Provider: Ny Presbyterian Hosp Westchester Div  
Date of Service: PRE-SERVICE  
Original Action/Denial: January 19, 2024  
Member Name: Demi Margulies  
Member ID: [REDACTED]  
Claim#/Authorization#: [REDACTED]

- Authorized representative submitting on behalf of patient (member)
- Member submitting on behalf of self/Parent-Guardian submitting on behalf of child

I, \_\_\_\_\_, attest that the above description of the appeal on behalf of member [REDACTED] is accurate and true representation of my appeal, and request that this submission be accepted as the required written filing of my appeal. If I am an authorized representative submitting on behalf of a member I further attest that I have the written permission of the member to file an appeal on his/her behalf. If I am a parent or guardian, I further attest that I have legal authority to represent this member.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Please return the completed attestation to the following address:

UnitedHealthcare Community Plan  
Central Escalation Unit  
P. O. Box 31364  
Salt Lake City, UT 84131-1364

**NOTICE OF NON-DISCRIMINATION**

UnitedHealthcare Community Plan complies with Federal civil rights laws. UnitedHealthcare Community Plan does not exclude people or treat them differently

**UnitedHealthcare Community Plan is the trade name of UnitedHealthcare of New York, Inc.**

HARP F3 Expedited Action Appeal Ack Ltr  
DRG# 5371156 Rev 6/2017

A final adverse determination denial notice was issued on January 22, 2024. On Page 1, UHC lists the denied case number as L [REDACTED] provider and facility is listed as Brookdale. NY Presbyterian Hosp Westchester Div is not listed despite that being the actual denied service request. L0191042004 is the same case number referenced in letter one, on pg 1 ( Brookdale) and page 3 (NY Presbyterian Hosp Westchester Div Service).



PO Box 31364  
Salt Lake City, UT 84131-0364

1-866-433-3413 TTY 711

**FINAL ADVERSE DETERMINATION  
DENIAL NOTICE**

January 22, 2024

[REDACTED]

Enrollee Number: [REDACTED]  
Coverage type: H [REDACTED] Program (HARP)  
Plan reference number: L [REDACTED]  
Provider: E [REDACTED] Medical Ctr  
Facility: E [REDACTED] Medical Ctr  
Service developer/manufacturer: N/A  
Date appeal filed: January 19, 2024  
Date of appeal determination: January 22, 2024

Dear [REDACTED]

This is an important notice about your services. Read it carefully. If you think this decision is wrong, you have **four months** to ask for an External Appeal or you can ask for a Fair Hearing by **May 21, 2024**. You are not responsible for payment of covered services and this is not a bill. Call this number if you have any questions or need help: 1-866-433-3413 TTY 711.

**Why am I getting this notice?**

You are getting this notice because on January 19, 2024, at 10:42:00 AM CST, you or your provider asked for a Plan Appeal about our decision to deny continued stay of Psychiatric Inpatient Hospitalization. You submitted an appeal. This was on January 19, 2024 You received a denial notice. This was for continued stay of Psychiatric Inpatient Hospitalization. You disagree with the decision. You would like this reviewed.

On January 22, 2024, we decided we are not changing our decision to deny your request.

**Why did we decide to deny the request?**

UnitedHealthcare Community Plan decided to deny this service because the:  
 service is not medically necessary.

Page 1

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A&G\_61370\_UHCNY\_HARP\_FAD NO AC\_12292017

Page 2 of the final adverse determination denial elaborates on the justification for the denial but makes no reference to NY Presbyterian Hosp Westchester Div Service. Again, Demi's appeal request is for the denial of prior authorization [REDACTED] IAN HOSP WESTCHESTER DIV . The content of this notice is nonsensical at best and a cruel disregard of relevant laws

[REDACTED] MD, who specializes in Psychiatry, reviewed the appeal. This doctor did not make the original decision. The decision was based on American Association of Community Psychiatrists Level of Care Utilization System (LOCUS) Adult Version 20 for Level 6.

Why am I getting this notice? On January 19, 2024, you or your provider at BROOKDALE HOSPITAL MEDICAL CTR requested approval more day of mental health inpatient, where you get care in a hospital, for treatment for your mood disorder in mental health inpatient level of care provided by BROOKDALE HOSPITAL MEDICAL CTR. You are getting this notice because United Behavioral Health on behalf of UnitedHealthcare Community Plan has denied your request for services. Before this action, from November 22, 2023 to January 18, 2024 the plan approved 57 day for treatment for your mood disorder in mental health inpatient level of care provided by BROOKDALE HOSPITAL MEDICAL CTR. On January 21, 2024 the plan denied continued stay of mental health inpatient level of care. This means from January 19, 2024 your request for services has been denied. Why did we decide to deny the Service? On January 21, 2024, United Behavioral Health decided to deny this Service because: 1 You are receiving service for psychiatric inpatient care because: - problems with your mood and behavior. The request to continue this service is denied because you do not meet the criteria to fully approve this request. The Guideline/Policy/Criteria used for the decision is: American Association of Community Psychiatrists Level of Care Utilization System (LOCUS) Adult Version 20 for Level 6, which is applicable for the mental health inpatient level of care. To approve this service in full, the following criteria must be met: - You were behaving in a dangerous way. - Your symptoms had not improved. - You were not taking medications to help with your symptoms. - You had medical problems that need further hospital care. These criteria are not met because: You were not behaving in a dangerous way. Your symptoms had improved. You were letting staff help you. You were taking medications to help with your symptoms. You had no medical problems that need further hospital care. If you would like general information about the guidelines used for this decision, please visit <https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies.html>. To get a copy of the specific guideline used for this decision free of charge, please call us at 1-866-556-8166. Please talk to your provider about your care. Please notify facility/provider of determination, alternative care offered, and appeal options. Toya Clay, MD, Behavioral Health Medical Director, Psychiatry

- You asked for Continued stay of Psychiatric Inpatient Hospitalization because you want to continue treatment for your mood disorder. You stated you are depressed and need this treatment.
- To approve this service in full, the following criteria must be met:
  - - You were behaving in a dangerous way.
  - - Your symptoms had not improved.
  - - You were not taking medications to help with your symptoms.
  - - You had medical problems that need further hospital care.
- These criteria are not met because You were not behaving in a dangerous way. Your symptoms had improved. You were letting staff help you. You were taking medications to help with your symptoms. You had no medical problems that need further hospital care..

This decision was made under 42 CFR Sections 438.210 and 438.404; NYS Social Services Law Sections 364-j(4)(k) and 365-a(2); 18 NYCRR Section 360-10.8.

Demi

[REDACTED] at UHC for over 8 years. As you will see below, her assessment was in no way based on the LOCUS Adult Version 20 for Level 6. The complete version of LOCUS Adult Version 20 is attached.

[REDACTED] who specializes in Psychiatry, reviewed the appeal. This doctor did not make the original decision. The decision was based on American Association of Community Psychiatrists Level of Care Utilization System (LOCUS) Adult Version 20 for Level 6.

Demi has been at [REDACTED] since November and is still admitted. UHC has not denied ongoing Level 6 services at Brookdale. UHC continues to pay for ongoing treatment at Brookdale. Prior authorization request A2 [REDACTED] for transfer and admission to receive treatment at NY Presbyterian Hosp Westchester Div Service's Second Chance Program. Her expedited appeal is for the denial of A2 [REDACTED] Case # L0 [REDACTED] is regarding the denial of A2 [REDACTED] 3.

Case notes and records all show the authorization request and appeal was for denial of **prior authorization [REDACTED] NY PRESBYTERIAN HOSP WESTCHESTER DIV**. It is entirely unclear why UHC is stating the appeal is for Brookdale. UHC has not denied continued treatment at Brookdale. Demi is still admitted and claims continue to be paid.

Why am I getting this notice? On January 19, 2024, you or your provider at BROOKDALE HOSPITAL MEDICAL CTR requested approval more day of mental health inpatient, where you get care in a hospital, for treatment for your mood disorder in mental health inpatient level of care provided by BROOKDALE HOSPITAL MEDICAL CTR. You are getting this notice because United Behavioral Health on behalf of UnitedHealthcare Community Plan has denied your request for services. Before this action, from November 22, 2023 to January 18, 2024 the plan approved 57 day for treatment for your mood disorder in mental health inpatient level of care provided by BROOKDALE HOSPITAL MEDICAL CTR. On January 21, 2024 the plan denied continued stay of mental health inpatient level of care. This means from January 19, 2024 your request for services has been denied. Why did we

Even if the incorrect facility name was a technical error, the justification for denial of treatment at Level 6 is inadequate. UHC indicates that Demi's treatment was denied because she doesn't meet the criteria derived from LOCUS Adult Version 20 for Level 6.

As an additional source of confusion [REDACTED] rian Hosp Westchester Div Service are both Level 6 facilities. For some reason UHC claims Demi does not qualify for NY Presbyterian Hosp Westchester Div Service yet she qualifies for Brookdale.

On January 21, 2024 the plan denied continued stay of mental health inpatient level of care. This means from January 19, 2024 your request for services has been denied. Why did we decide to deny the Service? On January 21, 2024, United Behavioral Health decided to deny this Service because: 1 You are receiving service for psychiatric inpatient care because: - problems with your mood and behavior. The request to continue this service is denied because you do not meet the criteria to fully approve this request. The Guideline/Policy/Criteria used for the decision is: American Association of Community Psychiatrists Level of Care Utilization System (LOCUS) Adult Version 20 for Level 6, which is applicable for the mental

Despite claiming to base the denial on LOCUS Adult Version 20 for Level 6, UHC invents a criteria which is in no way based on LOCUS Adult Version 20 for Level 6. UHC claims that per LOCUS, the criteria for Level 6 is - You were behaving in a dangerous way. - Your symptoms had not improved. - You were not taking medications to help with your symptoms. - You had medical problems that need further hospital care.

health inpatient level of care To approve this service in full, the following criteria must be met: - You were behaving in a dangerous way. - Your symptoms had not improved. - You were not taking medications to help with your symptoms. - You had medical problems that need further hospital care. These criteria are not met because: You were not behaving in a dangerous way. Your symptoms had improved. You were letting staff help you. You were taking medications to help with your symptoms. You had no medical problems that need further hospital care. If you would like general information about the guidelines used for this decision, please visit <https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies.html>. To get a copy of the specific guideline used for this decision

That is NOT the LOTUS criteria. LOTUS is a comprehensive and flexible tool and uses a 6 category, point system to assess level of care. See below for in depth information on what LOCUS is.

*The Level of Care Utilization System (LOCUS) was created by the American Association of Community Psychiatrists to provide Mental Health and co-occurring Substance Abuse Providers with a standardized tool to ensure scarce healthcare resources are consistently utilized in the most effective and efficient manner possible. The LOCUS tool helps clinicians make consistent and effective patient decisions related to intensity of service needs, level of care placement, and continued stay. It also provides a framework for evaluating clinical outcomes and impact of treatment. LOCUS was developed with the intent to improve consistency in the management and utilization of scarce health care resources at all levels of care. Key benefits of the*

*LOCUS tool are that it does not require a diagnosis prior to use, it is adaptable to a changing continuum, and has proven reliable across multiple locations, programs and levels of care.*

*The LOCUS uses six assessment parameters. One of these scales has two subscales, for a total of seven ratings to be completed in each patient assessment. Each parameter is rated on a scale of 1 to 5, with specific criteria or anchor points for each increment in rating. A composite score ranging from 7 to 35 is obtained and weighs prominently in the determination of level-of-care recommendations. The six evaluation parameters are risk of harm; functional status; medical, addictive, and psychiatric comorbidity; recovery environment; treatment and recovery history; and engagement.*

*The "risk of harm" parameter considers the degree to which a person is at risk of harming himself or others. This risk may be due to suicidal or homicidal ideation or due to impaired judgment or impulse control resulting from intoxication or otherwise altered mental states.*

*The "functional status" parameter measures a person's level of functioning on the basis of several indicators. The criteria include ability to interact with others, to maintain hygiene and activities of daily living, to fulfill role responsibilities, and to maintain vegetative functions.*

*The "medical, addictive, and psychiatric comorbidity" parameter considers potential complications to the course of the presenting or most prominent problem as a result of the coexistence of additional disorders. The criteria specify the degree to which the presence of additional disorders prolongs the course, increases the severity of, or impedes the ability to recover from the presenting condition. Withdrawal syndromes are considered as comorbid medical illness in this system.*

*The "recovery environment" parameter contains two subscales: level of stress and level of support. Criteria for ratings on the stress subscale include interpersonal conflicts or harassment, life transitions, interpersonal or material losses, environmental threats, and perceived pressures to perform. On the support subscale, criteria delineate the degree to which support is available from family, friends, and professional sources and the likelihood that these sources of support will be able to participate in treatment.*

*The "treatment and recovery history" scale considers past experience and response to treatment and the durability of any recovery achieved. Criteria for this rating include the intensity of treatment experienced, the degree of success, and the extent and duration of recovery periods.*

*Finally, the "engagement" parameter measures a person's capacity for change as well as his or her recovery status. Criteria on this scale include the ability to recognize one's difficulties, the desire to change, the ability to accept responsibility for maintaining health, and the ability to engage with potential sources of aid.*

*An assessment may be used for initial placement recommendations or for determination of continuing care needs, which eliminates the need for separate admission, continuing stay, and discharge criteria. The system is based on a dynamic understanding of health and the course of illness, so the assessment is repeated as frequently as clinically indicated. In general, ratings are repeated most frequently in times of greatest acuity and instability.*

*The LOCUS defines six levels of care. Each level of the service continuum is defined by four variables: care environment, clinical services, support services, and crisis resolution and prevention services. In the LOCUS system, levels of care are best conceived of as levels of resource intensity. Each level describes a flexible array of services. In some cases, elements of these arrays of services may span more than one level of care. Although there is some overlap between adjacent levels of care in terms of services offered, service use, on average, becomes progressively more intensive—and expensive—as one moves from the lower to the higher levels of care. The defined levels of care are level 1, recovery maintenance and health management; level 2, low-intensity community-based services; level 3, high-intensity community-based services; level 4, medically monitored nonresidential services; level 5, medically monitored residential services; and level 6, medically managed residential services.*