UFCW Unions and Participating Employers Health & Welfare Fund

Appeals
First Quarter 2022

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NAME: **SS#:**

UFCW Unions and Participating Employers Health and Welfare Fund

EMPLOYER:	Shoppers Food	**LOCAL:**	400
DATE OF HIRE:	November 7, 1991	**STATUS:**	Transferred to Management, September 20, 2015 **Employment Terminated, November 8, 2017**
PLAN:	JSS2		

ISSUE: Eligibility – Enrollment in Retiree Health Coverage #E22/101-2672

FUND RULE:

"Continued Eligibility

One you are initially eligible, you become and remain a participant as long as you are: a) employed by a participating employer who is making contributions to the Fund on your behalf and b) covered by a collective bargaining agreement with a participating union. [...]

Loss of Eligibility

A participant will cease to be eligible for benefits upon:

1. termination of employment
2. transfer to a job classification not covered by a collective bargaining agreement [...]"

(Plan JSS2 SPD, September 2007, Page 19)

"Retirees

If you are an active participant in this Plan and retire, you will no longer be eligible for benefits under this Plan as an active participant. However, you can exercise your rights to continue benefits under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA) as described in this booklet.

If you are an active participant in this Plan, retire from the UFCW Unions and Participating Employers Pension Fund or the FELRA & UFCW Pension Fund, and elect to waive your COBRA rights, you may continue to be eligible for benefits from this Plan as a retired participant. You are eligible for certain retiree benefits beginning with the effective date of your retirement. Former participants who retire on a deferred vested pension are not eligible for health and welfare benefits from this Plan. [...]"

(Plan JSS2 SPD, September 2007, Page 28) (emphasis added)

SUMMARY: Appeal Received: January 13, 2022

The **participant** is appealing to be allowed enrollment in retiree health coverage. The participant states in relevant part that he was a Union member until the fall of 2015, at which time he transferred to management until 2017. The participant further states that he remembers being told that he qualified for pension and medical benefits, then being told that he didn't qualify because he was a manager, only to be told again that he could get medical, and that this has caused confusion.

Fund records indicate the participant was hired by Shoppers Food on November 7, 1991, and enrolled in Plan JSS2 health and welfare benefits through August 2015. The Fund office did not receive any health and welfare contributions from Shoppers Food on behalf of the participant after August 2015. Therefore, the participant's active health and welfare coverage ceased on August 31, 2015. A COBRA notice was mailed to the participant, however, a completed COBRA election form was not received by the Fund office. Two years later, the participant submitted a completed pension application on November 8, 2017. At that time, Shoppers Food advised the Fund office that the participant transferred to a non-Union position effective September 20, 2015 and his employment subsequently terminated on November 8, 2017. The participant's pension application was processed and he was awarded an early, non-reduced pension benefit effective December 1, 2017 (at age 63).

Note: As a result of collective bargaining, effective January 1, 2016, health benefits for pre-Medicare retirees ceased. Such eligible participants became entitled to receive the Retiree Assistance Program stipend, in lieu of retiree health coverage, until becoming eligible for Medicare. However, in accordance with Fund rules, the participant was not eligible for the stipend or future retiree health coverage because *he was not an active participant in the health and welfare Plan, covered by a Collective Bargaining Agreement, when he retired from Shoppers Food. In order to be eligible for the stipend or retiree health coverage, an employer contribution must be received on behalf of the participant for the month immediately preceding their retirement.* During the processing of his pension application, the Fund office advised the participant via a phone call on April 5, 2018 that he was not eligible for the stipend in accordance with the foregoing.

The participant became Medicare-eligible on January 1, 2019 (the first of the month in which he turned age 65). Records indicate that a letter and enrollment/co-premium deduction form for retiree health coverage were mistakenly mailed to the participant on November 21, 2018. A completed enrollment/co-premium deduction form was not received by the Fund office. Over two years later, the participant called the Fund office on May 26, 2021 regarding his eligibility for retiree health coverage. The participant was advised of his appeal rights at that time. The participant's appeal was received on January 13, 2022.

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

NAME: **SS#:**
REGARDING:

UFCW Unions and Participating Employers Health and Welfare Fund

EMPLOYER:	Shoppers Food	**LOCAL:**	27
DATE OF HIRE:	November 15, 1999	**STATUS:**	Part Time
PLAN:	Y		

ISSUE: Hospital/Medical – Certified Registered Nurse Anesthetist #M22/108-9231-A

FUND RULE:
"**Anesthesia Services**
The Fund covers the services of a Certified Registered Nurse Anesthetist ('CRNA') when administering anesthesia, but only if an anesthesiologist is not also administering anesthesia. If you receive anesthesia and the Fund is billed for the services of both a CRNA and an anesthesiologist for the same operation, the Fund will pay only the anesthesiologist, not the CRNA. Services of a CRNA are only covered if an anesthesiologist has not billed the Fund."
(Plan Y SPD, July 2018, Page 107)

SUMMARY:

Date(s) of Service:	January 7, 2022
Claim(s) Received:	January 13, 2022
Claim(s) Denied:	January 20, 2022
Appeal Received:	February 11, 2022

The **provider,** Johns Hopkins University, is appealing the denial of a claim for a CRNA (Certified Registered Nurse Anesthetist) for the participant's son (DOB: 11-12-1995), and asking that the Anesthesiologist be paid an additional amount. The provider states, "This plan utilizes the CareFirst network for services. Johns Hopkins University physicians are contracted providers with CareFirst. As indicated in CareFirst's anesthesia reimbursement policy, CareFirst allows for 50% of fee schedule reimbursement for services billed with modifier QK (anesthesiologist) and 50% reimbursement for modifier QX (CRNA)... However, since the [Fund's] policy only covers the anesthesiologist claim, the physician is entitled to 100% of the contract rate, in spite of billing with modifier QK. [CareFirst] systems are set up to price claims based on the modifier, but do not take into account when a particular policy does not cover one of the rendering providers. CareFirst will not change the way they price claims based on certain policies made by certain plans."

Fund records indicate Johns Hopkins University submitted claims for both an anesthesiologist and a CRNA that provided anesthesia services during the participant's son's surgical procedure on January 7, 2022. The Fund office paid the claim for the anesthesiologist, up to the limits of the Plan, based on CareFirst's pricing of these charges. The Fund office denied the claim for the CRNA.

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

NAME: **SS#:**
REGARDING:

UFCW Unions and Participating Employers Health and Welfare Fund

EMPLOYER:	Shoppers Food	**LOCAL:**	27
DATE OF HIRE:	November 15, 1999	**STATUS:**	Part Time
PLAN:	Y		

ISSUE: Hospital/Medical – Certified Registered Nurse Anesthetist #M22/108-9231-B

FUND RULE:
"**Anesthesia Services**
The Fund covers the services of a Certified Registered Nurse Anesthetist ('CRNA') when administering anesthesia, but only if an anesthesiologist is not also administering anesthesia. If you receive anesthesia and the Fund is billed for the services of both a CRNA and an anesthesiologist for the same operation, the Fund will pay only the anesthesiologist, not the CRNA. Services of a CRNA are only covered if an anesthesiologist has not billed the Fund."
(Plan Y SPD, July 2018, Page 107)

SUMMARY:

Date(s) of Service:	December 20, 2021
Claim(s) Received:	December 29, 2021
Claim(s) Denied:	January 4, 2022
Appeal Received:	February 11, 2022

The **provider,** Johns Hopkins University, is appealing the denial of a claim for a CRNA (Certified Registered Nurse Anesthetist) for the participant's son (DOB: 11-12-1995), and asking that the Anesthesiologist be paid an additional amount. The provider states, "This plan utilizes the CareFirst network for services. Johns Hopkins University physicians are contracted providers with CareFirst. As indicated in CareFirst's anesthesia reimbursement policy, CareFirst allows for 50% of fee schedule reimbursement for services billed with modifier QK (anesthesiologist) and 50% reimbursement for modifier QX (CRNA)... However, since the [Fund's] policy only covers the anesthesiologist claim, the physician is entitled to 100% of the contract rate, in spite of billing with modifier QK. [CareFirst] systems are set up to price claims based on the modifier, but do not take into account when a particular policy does not cover one of the rendering providers. CareFirst will not change the way they price claims based on certain policies made by certain plans."

Fund records indicate Johns Hopkins University submitted claims for both an anesthesiologist and a CRNA that provided anesthesia services during the participant's son's surgical procedure on December 20, 2021. The Fund office paid the claim for the anesthesiologist, up to the limits of the Plan, based on CareFirst's pricing of these charges. The Fund office denied the claim for the CRNA.

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

NAME: **SS#:**

UFCW Unions and Participating Employers Health and Welfare Fund

EMPLOYER:	Shoppers Food	**LOCAL:**	27
DATE OF HIRE:	October 29, 1992	**STATUS:**	Full Time
PLAN:	Y		

ISSUE: Hospital/Medical – Certified Registered Nurse Anesthetist #M22/105-9654

FUND RULE:
"Anesthesia Services
The Fund covers the services of a Certified Registered Nurse Anesthetist ('CRNA') when administering anesthesia, but only if an anesthesiologist is not also administering anesthesia. If you receive anesthesia and the Fund is billed for the services of both a CRNA and an anesthesiologist for the same operation, the Fund will pay only the anesthesiologist, not the CRNA. Services of a CRNA are only covered if an anesthesiologist has not billed the Fund."
(Plan Y SPD, July 2018, Page 107)

SUMMARY:

Date(s) of Service:	December 16, 2021
Claim(s) Received:	December 23, 2021
Claim(s) Denied:	December 28, 2021
Appeal Received:	January 26, 2022

The **provider,** Johns Hopkins University, is appealing the denial of a claim for a CRNA (Certified Registered Nurse Anesthetist), and asking that the Anesthesiologist be paid an additional amount. The provider states, "This plan utilizes the CareFirst network for services. Johns Hopkins University physicians are contracted providers with CareFirst. As indicated in CareFirst's anesthesia reimbursement policy, CareFirst allows for 50% of fee schedule reimbursement for services billed with modifier QK (anesthesiologist) and 50% reimbursement for modifier QX (CRNA)... However, since the [Fund's] policy only covers the anesthesiologist claim, the physician is entitled to 100% of the contract rate, in spite of billing with modifier QK. [CareFirst] systems are set up to price claims based on the modifier, but do not take into account when a particular policy does not cover one of the rendering providers. CareFirst will not change the way they price claims based on certain policies made by certain plans."

Fund records indicate Johns Hopkins University submitted claims for both an anesthesiologist and a CRNA that provided anesthesia services during the participant's surgical procedure on December 16, 2021. The Fund office paid the claim for the anesthesiologist, up to the limits of the Plan, based on CareFirst's pricing of these charges. The Fund office denied the claim for the CRNA.

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

NAME: **SS#:**

UFCW Unions and Participating Employers Health and Welfare Fund

EMPLOYER:	Shoppers Food	**LOCAL:**	27
DATE OF HIRE:	September 9, 1991	**STATUS:**	Full Time
PLAN:	Y		

ISSUE: Hospital/Medical – Certified Registered Nurse Anesthetist #M22/102-8916

FUND RULE:
"Anesthesia Services
The Fund covers the services of a Certified Registered Nurse Anesthetist ('CRNA') when administering anesthesia, but only if an anesthesiologist is not also administering anesthesia. If you receive anesthesia and the Fund is billed for the services of both a CRNA and an anesthesiologist for the same operation, the Fund will pay only the anesthesiologist, not the CRNA. Services of a CRNA are only covered if an anesthesiologist has not billed the Fund."
(Plan Y SPD, July 2018, Page 107)

SUMMARY:

Date(s) of Service:	November 29, 2021
Claim(s) Received:	December 3, 2021
Claim(s) Denied:	December 8, 2021
Appeal Received:	January 14, 2022

The **provider,** Johns Hopkins University, is appealing the denial of a claim for a CRNA (Certified Registered Nurse Anesthetist). The provider states that they received payment for only a portion of their contracted rate for anesthesia services.

Fund records indicate Johns Hopkins University submitted claims for both an anesthesiologist and a CRNA that provided anesthesia services during the participant's surgical procedure on November 29, 2021. The Fund office paid the claim for the anesthesiologist, up to the limits of the Plan, based on CareFirst's pricing of these charges. The Fund office denied the claim for the CRNA.

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

NAME: **SS#:**

UFCW Unions and Participating Employers Health and Welfare Fund

EMPLOYER:	Shoppers Food	**LOCAL:**	400
DATE OF HIRE:	July 2, 2002	**STATUS:**	Part Time
PLAN:	Y		

ISSUE: Hospital/Medical – Benefit Maximum, Ambulance Services #M22/110-2618

FUND RULE:
"**Ambulance Service**

Benefits are provided for emergency ambulance service *up to $25 per trip*. The patient's condition must be such that use of any other method of transportation is not medically advisable."
(Plan Y SPD, July 2018, Page 106) (emphasis added)

SUMMARY:

Date(s) of Service:	August 19, 2021
Claim(s) Received:	December 7, 2021
Claim(s) Paid:	December 8, 2021
Appeal Received:	February 22, 2022

The **participant's authorized representative** is appealing, on the participant's behalf, for additional payment on a claim for an interfacility air ambulance transport. The participant's representative states in relevant part that the participant has a history of a ruptured aneurism 25 years ago, and uncontrolled hypertension. The participant presented to the emergency room of INOVA Loudoun Hospital with rapid neurological decline and a CT scan showed a hemorrhage of his artery. The decision was made to transport him via air ambulance due to his critical nature in order to receive an embolization of his left carotid artery. The participant's representative states that the transport was necessary because the level of care needed could not be rendered at INOVA Loudoun Hospital.

Fund records indicate that Air Evac Services submitted a claim for an interfacility air transport with the diagnoses "Unspecified non-traumatic subarachnoid hemorrhage, essential (primary) hypertension, and dependence on other enabling machines and devices." The claim was paid, up to the limits of the Plan ($25).

Note: A review of the participant's claims record indicates that he was treated in the emergency room of INOVA Loudoun Hospital (located in Leesburg, Virginia) on August 19, 2021 with a primary diagnosis of "Other non-traumatic subarachnoid hemorrhage," and subsequently transferred to INOVA Fairfax Hospital (located in Falls Church, Virginia). The participant was admitted for fifteen (15) days and later discharged on September 3, 2021. This was not an inpatient-to-inpatient transport that would permit a higher level of benefits to be paid.

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

NAME: **SS#:**
REGARDING:

UFCW Unions and Participating Employers Health and Welfare Fund

EMPLOYER:	Shoppers Food	**LOCAL:**	400
DATE OF HIRE:	January 24, 2000	**STATUS:**	Part Time
PLAN:	Y		

ISSUE: Hospital/Medical – Excluded Services #M22/103-9160

FUND RULE:
"Obstetrical Benefits
Benefits for obstetrical services are available to all female participants or spouses of full time participants entitled to dependent coverage. [...] In addition, obstetrical services are available to all female dependent spouses and children of full time and part time participants ***to the extent the services are covered benefits under the ACA Preventive Services Benefit section on page 101***."
(Plan Y SPD, July 2018, Page 115) (emphasis added)

SUMMARY:

Date(s) of Service:	August 4, 2021 through August 5, 2021
Claim(s) Received:	August 19, 2021
Claim(s) Denied:	September 2, 2021
Appeal Received:	January 14, 2022

The **provider,** Shady Grove Adventist Hospital, is appealing for payment of a claim for the participant's daughter (DOB: 9-11-1998) that was denied.

Fund records indicate Shady Grove Adventist Hospital submitted a claim for facility charges related to the delivery of the participant's daughter's baby. The claim was denied because obstetrical benefits are extended to the dependent daughter of a participant only to the extent that the services are covered under the Fund's ACA Preventive Services Benefit list, which includes certain screening office visits and laboratory services. Charges for the delivery of the baby are not included on the Preventive Services Benefit list.

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