

Have You Been Denied Coverage for Medicaid Services?



A Fair Hearing can help you or your loved one with Duchenne muscular dystrophy (DMD) secure lost Medicaid benefits.

Disclaimer: This guide provides an overview of the process and is not intended as legal advice. For more detailed information, please consult an attorney. Note that the information provided is subject to change.

Introduction to Medicaid Fair Hearings

When to request a Fair Hearing

Understand your position in the process. Consult with your doctor before scheduling a Medicaid Fair Hearing to ensure it is your next step.

Understanding your rights as a patient or caregiver

Medicaid Fair Hearings provide an opportunity to appeal decisions that affect access to care. **This process is crucial for ensuring continued access to essential treatments and services.**

This guide will cover:

- Common issues faced by individuals with DMD, such as service denials, reductions in care, and delays in approval
- Considerations for preparing and requesting a Fair Hearing
- What to expect during the hearing and tips for presenting your case effectively
- Actions to take after the hearing, depending on the outcome
- Key resources and support to help navigate the appeal process



Always check your state's Medicaid website for specific guidelines when requesting a Fair Hearing.

Understanding What Medicaid Covers

Eligibility and coverage rights

Medicaid offers essential coverage for individuals with DMD, including:

- Medications prescribed to manage symptoms and slow disease progression
- Physical therapy to support mobility and maintain muscle function
- Durable medical equipment, such as wheelchairs and breathing assistance devices
- Home care services to assist with daily living activities

What you can appeal

You have the right to appeal decisions made by Medicaid regarding your care. You can file an appeal if:

- A benefit is denied, suspended, or terminated (eg, medication, equipment, or services)
- The level of care you receive is reduced (eg, home health aide, coverage for therapy, respite care)
- Other Medicaid-related issues arise (consult your healthcare provider or contact NS Pharma for specific guidance)

Deadline and timeframe

Appeal Deadline: You generally have 30-60 days after receiving a decision to file an appeal

Hearing Timeline: Once your appeal is filed, the Fair Hearing process may take several weeks to a few months



Consider requesting an expedited Fair Hearing if you have an urgent healthcare need that may qualify for faster case review.

Preparing for Your Fair Hearing

Consider these steps to help you with your case

1

GATHER INFORMATION

Collect medical records, lab results, prescriptions, letters of medical necessity, and quality of life testaments. Summarize the reasons for appealing Medicaid's decision.

2

REVIEW YOUR CASE FILE

Examine Medicaid's file on your case. Understand their rationale for denying or reducing services, and prepare counterarguments to address their points during the hearing.

3

BRING WITNESSES

Consider asking a healthcare provider to testify about the medical necessity of your care. Check your state's rules regarding witnesses, as some states may limit you to one.

4

ORGANIZE YOUR EVIDENCE

Arrange your documents in logical order. A timeline of your condition and service requests can be especially helpful.

5

RESEARCH RESOURCES

Reach out to advocacy groups, legal aid, or government resources for assistance. Medicaid may provide a government-appointed attorney to support your appeal.

The Hearing Process

What you can expect during your case



Who Will Be Present

A hearing officer (or judge) will oversee the process, and Medicaid representatives may be present to defend their decision. You, or your representative, will have the chance to present your case, and witnesses may also testify on your behalf.

Format of the Hearing

Hearings can take place in person, over the phone, or virtually via video. During the hearing, you will present evidence and answer questions from the hearing officer and Medicaid representatives. The hearing is formal, but the officer will guide you through the process.

Presenting Your Case

Present your evidence clearly and logically. Start by explaining why the services you are appealing for are medically necessary. Be sure to reference specific medical records, doctor's recommendations, and any other supporting documents you have gathered.

Stay Focused—Keep your documents organized and meet all deadlines to protect your Medicaid rights effectively.

Be prepared—Review your evidence and practice answering questions to present a confident and well-organized case.

The Next Steps After the Hearing

What to do once you receive your decision



If you reach a favorable outcome:	If you do not reach a favorable outcome:
<p>Restoration of Services</p> <p>Services are typically restored within a few weeks, but timeframes can vary. Contact your Medicaid office to confirm a specific timeline for reinstatement.</p>	<p>Next Appeal Options</p> <p>You may appeal again within Medicaid or seek legal help outside of the system. Advocacy groups or attorneys can guide you through your options.</p>
<p>Follow-Up</p> <p>Be proactive by contacting your Medicaid caseworker if your services are not reinstated within the expected timeframe. Keep records of your communications.</p>	<p>Legal Action Against the State</p> <p>If you believe your rights were violated, consider discussing the possibility of a lawsuit with a Medicaid attorney or advocacy group.</p>

Frequently Asked Questions

<p>Q: What if I miss the appeal deadline?</p>	<p>A: Contact Medicaid as soon as possible. Some states allow late filings for special circumstances, but it is always best to meet the initial deadline to avoid complications.</p>
<p>Q: How long will the hearing last?</p>	<p>A: The duration of the hearing depends on the complexity of the case. Most hearings typically last between 30 minutes and an hour, but more detailed cases may take longer. Be prepared to allocate sufficient time to thoroughly present your case.</p>
<p>Q: How long does it take to get a decision?</p>	<p>A: It can take up to 90 days to receive a final decision after your hearing, though the timeframe may vary depending on your state.</p>
<p>Q: Can I request an expedited hearing?</p>	<p>A: Yes, if your health is at risk, you can request an expedited hearing. Contact your state's Medicaid office to see if you qualify.</p>
<p>Q: Can I submit additional evidence after the hearing has taken place?</p>	<p>A: In most cases, you cannot submit additional evidence after the hearing concludes. However, some states may allow new evidence if it directly impacts the case's outcome. Check your state's rules or consult with a legal advisor for guidance.</p>

Stay Motivated, but Do Not Worry

Final tips to stay on track

Stay organized

Keep all your medical records, denial notices, and communications with Medicaid in one place.

Seek help early

Reach out to advocacy groups, legal aid services, or Medicaid navigators as soon as you encounter an issue with your coverage.

Do not give up

If your appeal is denied, consider exploring other options, such as filing additional appeals or pursuing legal action. You have the right to fight for the care you need.

Important resources

Parent Project Muscular Dystrophy (PPMD)

A leading organization offering resources, advocacy, and support for families.

parentprojectmd.org

Muscular Dystrophy Association (MDA)

Provides services, research updates, and connects families with local support networks.

mda.org

Medicaid

The official Medicaid site, where you can find state-specific information about Medicaid appeals, services, and contact numbers.

medicaid.gov



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