



PENINSULA RSN

COMPLAINT, GRIEVANCES AND APPEALS POLICIES AND PROCEDURES

Policy Name: APPEAL PROCESS

Policy Number: 6.03

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CROSS REFERENCES

- Policy: Complaint, Grievance, Appeal, and Fair Hearing General Requirements
- Policy: Complaint and Grievance
- Policy: Corrective Action Plan
- Policy: Fair Hearing
- Policy: Grievance Oversight and Recordkeeping
- Policy: Notice Of Action Requirements

PURPOSE

It is the policy of the Peninsula Regional Support Network (PRSN) to establish a standardized appeal process regarding actions for Medicaid authorization decisions. This policy is designed to outline a uniform and timely procedure for PRSN appeal process and expedited appeal requirements. The PRSN is the Pre Paid Inpatient Health Plan (PIHP).

The PRSN subcontracted Administrative Service Organization (ASO) is responsible for handling the PRSN the appeals process - standard and expedited. The PRSN is responsible for overseeing, is accountable for, and monitors the functions and determinations resulting from the ASO appeal process.

The ASO may adopt more expansive definitions and procedures to ensure Medicaid enrollees receive more information and notification than required in this policy. The ASO procedure shall adhere to URAC/NCQA standards.

PROCEDURE

Medicaid enrollees or providers or representatives on behalf of the enrollee and with the enrollee's written permission may request an appeal of action to the PRSN. They may also ask for an expedited appeal. For appeals of the denial of inpatient authorization or extension request, the inpatient provider may also request an appeal or expedited appeal with written permission of the individual seeking services.

Enrollee's, providers, or other representatives may contact Ombuds services for assistance or may initiate an appeal or expedited appeal verbally or in writing with PRSN ASO.

Ombuds services are available to provide advocacy, assistance, and investigation throughout the appeals process. Ombuds services work to assist individuals or representatives with the standard and expedited appeals process listed below.

1. A Medicaid enrollee will receive a written notice of action (NOA) prepared by the PRSN subcontracted Administrative Service Office (ASO) that explains the authorization action the PRSN intends to take or has taken, the reason for the action, and the right to request an appeal or expedited appeal of these actions.
 - The notice will outline the process to appeal an action.
 - PRSN network providers requesting services on behalf of the enrollee will also receive notice through the regional Profiler and/or Provider 1 information system.
 - For denials of inpatient authorization or extensions the inpatient provider will receive a written notice of action.
 - The PRSN office receives a copy of all notices the ASO provides for 100% review.
2. Appeals are requests by a Medicaid enrollee, provider or representative on behalf of the enrollee and with the enrollee's written permission to the PRSN for review and reconsideration of an action as outlines in the notice of an action.
 - For appeals that involve inpatient services, network community mental health agencies, agency provider staff, and inpatient providers may also request an appeal on behalf of the enrollee, with the enrollee's written permission.
3. Expedited appeals are requests by a Medicaid enrollee, provider or representative on behalf of the enrollee and with the enrollee's written permission to the PRSN for expedited review and reconsideration of an action as outlines in the notice of an action.
 - For appeals that involve inpatient services, inpatient providers may also request an expedited appeal on behalf of the enrollee, with the enrollee's written permission.

4. Enrollees or representatives on behalf of the enrollee with the enrollee's written permission may initiate an appeal or expedited appeal verbally or in writing.
 - Oral requests for appeal must be followed up with a signed written request by the enrollee or representative within seven (7) days.
 - Requests for expedited appeals are not expected to be followed with a written request.
5. Expedited appeals may be requested when the enrollee, provider or other representative believe that taking the time for a standard resolution could seriously jeopardize the enrollee's life, mental health or ability to attain, maintain, or regain maximum functioning.

The PRSN will follow the expedited appeal process outlined below when:

- a. An expedited appeal is requested by an enrollee or representative and the PRSN ASO determines that taking the time for a standard resolution could seriously jeopardize the enrollee's life, mental health or ability to attain, maintain, or regain maximum function.
 - b. A network provider or inpatient facility indicates that the enrollee's condition requires a more immediate response and that taking the time for a standard resolution could seriously jeopardize the enrollee's quality of life like, mental health or ability to attain, maintain, or regain maximum function.
6. Medicaid enrollee, or their designated advocate, must request an appeal within twenty (20) days of the date on the service denial (noted on the PRSN NOA notification letter).
 - Appeals must be initiated within ten (10) calendar days of the receipt of the PRSN notice for enrollees to request that their previously authorized services continue or be reinstated during the appeals process.
 - If the initial request to file an Appeal was made orally in order to establish the earliest possible filing date, a follow-up written and signed form must be received within seven (7) days.

Standard Appeal Process

1. If the enrollee is not receiving assistance from Ombuds services, Ombuds services will be offered for assistance.
 - Enrollees may have assistance from their provider or anyone of their choice, throughout the process.
2. The PRSN subcontracted ASO will document the appeal, including the date of receipt, actions taken, resolution offered, and date of notification to the enrollee.

- The ASO will attempt to identify the concern at the time of enrollee contact. The ASO will reiterate the resources, including local Ombuds services, interpreter services and toll-free numbers with adequate TTY/TTD capability, to assist individuals in filing an appeal.
3. If the appeal is done verbally, the enrollee will follow up within seven (7) days of the oral request with a written signed request. Oral requests are treated as appeals and therefore establish the earliest possible filing date for appeals.
 4. Written requests for appeal should include the name, address, how the PRSN can best contact the enrollee, reasons for appealing, and any evidence that enrollee or representatives wish to attach. The enrollee may send supporting records, letters from their mental health provider, a list identifying qualified witnesses, or other information that explains services should be provided. Enrollees may request information from their mental health provider.
 - The investigation may begin prior to receipt of the appeal written and signed request form.
 5. The PRSN ASO will acknowledge a request for an appeal in writing and begin an investigation within one (1) working day of receipt of a written and signed appeal request (for Standard Reviews).
 - The written acknowledgement will include notice to the enrollee or representative that previously authorized services will continue or be reinstated during the appeals process at the enrollees or representative's request if:
 - a. The appeal is filed in a timely manner
 - b. The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment
 - c. Services were requested by an authorized community mental health agency
 - d. The enrollee requests an continuation of services and benefits
 - e. The original period covered by the original authorization has not expired at the time of the request for continuation of benefits.
 - The written acknowledgment will also include notice for any circumstances in which the enrollee may be asked to pay for the services received during the appeals process if the decision is not in their favor.
 6. The ASO standard appeal process shall include:
 - Staff involved in the appeal process are/were not involved in previous decision-making of the case, with expertise in the mental health specialty, and whose specialty matches the attending provider's specialty as a clinical peer.

- All outpatient and voluntary inpatient service denials will reviewed by a certified physician or psychiatrist, who is certified in the relevant clinical specialty (i.e. child and adolescent), was not involved in the previous determination, nor is a subordinate of a previous decision maker.
 - Identified review staff may request involvement from the ASO Quality Improvement Committee members. This is at the discretion of the staff member.
 - An appeal process will take into account all clinical documents, records, or other information submitted by the individual requesting the appeal, physician, provider, and/or facility relating to the case.
 - An appeal process may include contacting the attending provider for additional information and/or clarification of existing information.
 - An opportunity for the individual, or their advocate, to review their case file, including medical records and other documents and records considered (before and) during the appeal process.
 - An opportunity for the individual, or their advocate, to provide a brief presentation or written material regarding the stated matter of concern. The PRSN could facilitate and coordinate a video tele-conference connection for this purpose.
 - Ensure there are provisions to address retaliation against the individual requesting the Appeal.
7. The following timeframes apply for completing the standard appeal process:
- The ASO must provide the appeal decision within forty-five (45) days from the established filing date.
 - The PRSN ASO may extend the forty-five (45) day timeframe up to fourteen (14) calendar days if:
 - a. The enrollee provider acting on behalf of the individual requests the extension and there is written agreement
 - b. The PRSN shows (to the satisfaction of the State, upon its request) that there is a need for additional information and how the delay is in the enrollee's interest
 - c. Give the individual written notice of the reason for the decision to extend the timeframe and inform the individual (or their designated advocate) of the right to file a grievance, if they disagree with the decision; and
 - d. Issue and carry out the determination as expeditiously as the individual's health condition requires and no later than the date of the extension expires

8. The decision shall be followed-up and provided in writing to the individual, facility (i.e. hospital), and network provider; with a copy sent to the PRSN office. The notice shall include:
 - The reason for the decision
 - The results of the resolution process and the date it was completed,
 - Titles and qualification of all individuals participating in the appeal,
 - Reference the plan provision or clinical criteria on which the decision is based,
 - Notice that the specific criteria and copies of materials reviewed can be provided free of charge, upon request.
 - The support s available if there is any concern of retaliation
 - Information about the right to request an Administrative Fair Hearing and how to do so if the enrollee believes there's been a violation of the Washington Administrative Code, does not agree to the appeal resolution, or if the PRSN fails to meet the timelines for disposition or extension of the appeal.
 - The right to request continued benefits while the hearing is pending and how to make the request; and notice that the enrollee may be responsible for the costs of those continued benefits if the hearing decisions upholds the original action.
 - For denied service decisions resolved in favor of the enrollee, information about how to the enrollee may obtain services, support available to assist in obtaining service, and information that enrollees must initiate services within sixty (60) days.
9. The ASO will have formal procedures for utilization action decisions that are upheld or reversed, including written notification to the enrollee, the network provider, PRSN and other entities involved.
10. An individual, or their designated advocate, may also access an Administrative Fair Hearing if:
 - The PRSN did not provide a written response within the allowed time frames; or
 - There is a belief that there has been a violation of WA State Department of Social and Health Services rules.
11. The Administrative Fair Hearing process is accessed through the WA State Office of Administrative Hearings (1-800-583-8271).
 - An individual, or their designated advocate, must request a Fair Hearing within twenty (20) days after receiving the appeal resolution.
 - An individual may request an expedited Fair Hearing.

Expedited Appeal Process

1. Expedited appeals may be requested when the enrollee, provider or other representative believe that taking the time for a standard resolution could seriously jeopardize the enrollee's life, mental health or ability to attain, maintain, or regain maximum functioning.
2. The expedited appeal process shall meet the additional requirements listed below:
 - a. Requests for expedited resolution may be initiated orally and are not required to be followed by a written signed request by the enrollee or representative.
 - b. The PRSN ASO will make a decision on the enrollee's request for expedited appeal and provide notice, as expeditiously as the enrollee's mental health condition requires, within three (3) working days or sooner based on the medical necessity of the enrollee. The PRSN ASO will also make reasonable efforts to provide oral notice.
 - c. The PRSN ASO may extend the three (3) working days timeframe by up to fourteen (14) calendar days if:
 - The enrollee or provider acting on behalf of the individual requests the extension and there is written agreement
 - If the PRSN ASO extends the timeframes, when the enrollee does not request an extension, the PRSN will give the individual written notice of the reason for the delay.
 - The PRSN ASO will provide the enrollee a reasonable opportunity to present evidence, and allegations of fact, in person (via video teleconference) as well as in writing and inform the enrollee of the limited time available for expedited resolution.
 - The PRSN ASO will ensure that retaliation or punitive action is not taken against an enrollee or provider who requests an expedited resolution or supports an enrollee's appeal
 - If the PRSN ASO denies a request for an expedited resolution of an appeal, it will transfer the appeal to the timeframe for a standard resolution; and make reasonable efforts to give enrollee prompt oral notice of the denial, followed up with two (2) calendar days with a written notice, and inform the enrollee of their right to file a grievance regarding the denial of expediency.

Continuation of Services during the Appeal Process

The PRSN will continue the enrollee's services/benefits if all of the following apply:

1. The enrollee or the provider files the appeal on or before the later of the following:
 - Within ten (10) calendar days of receipt of the PRSN notice, which for actions involving services previously authorized, must be delivered by a method which certifies receipt and assures delivery within three (3) calendar days of the intended effective date of the PRSN ASO proposed action
 - The intended effective date of the PRSN proposed action
2. The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment.
3. Services were requested by an authorized community mental health agency
4. The enrollee requests a continuation of services and benefits, and
5. The original period covered by the original authorization has not expired at the time of the request for continuation of benefits.

If, at the enrollee's request, the PRSN ASO continues and reinstates the enrollee's services while the appeal is pending, the services must be continued until one of the following occurs:

1. The enrollee withdraws the appeal.
2. Ten (10) days pass after the PRSN mails notice of disposition of an appeal and the resolution is not in favor of the enrollee, unless the enrollee requests a Fair Hearing (with continuation of services Fair Hearing decision is reached), or
3. The Office of Administrative Hearings issues a Fair Hearing decision adverse to the enrollee.

Enrollees who request continuation of benefits will be notified that if the final resolution of the appeal is adverse to the enrollee, the PRSN may request the enrollee to reimburse the cost of the services furnished to the enrollee while the appeal was pending.

If the PRSN fails to meet the timelines concerning any appeal, they will provide the services that are the subject of the appeal. The PRSN will pay the community mental health agency to provide these services.

Effects of Reversed Resolutions of Appeals

1. If the PRSN ASO or the state Administrative Hearing Office reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending, the PRSN ASO must authorize and the community mental health agency must provide the disputed services promptly, as expeditiously as the enrollee's mental health condition requires.
2. If the PRSN ASO or the state Administrative Hearing Office reverses a decision to deny authorization of services, and the enrollee received the disputed services while the appeal was pending, the PRSN must pay for those services.
3. If the final resolution of the appeal upholds the PRSN ASO action, the regional support network may recover the amount paid for the services provided to the enrollee while the appeal was pending, to the extent that they were provided solely because of the requirement for the continuation of services and in accordance with 42 CFR 431.230.

Overseeing and Monitoring of Appeal Process

The PRSN is responsible for overseeing, is accountable for, and monitors the functions and determinations resulting from the ASO appeal process. The PRSN provides direct oversight for each appeal, at the time of the appeal, and the overall process during the annual administrative review.

MONITORING

This policy is a federal statute and contract mandate.

1. The PRSN NOA policy and procedures are routinely monitored through:
 - 100% PRSN appeal of faxed copies of NOA letters mailed
 - PRSN Authorization Tracking Log submitted by CommCare
 - Annual PRSN Provider and Subcontractor Administrative Review
 - Exhibit N Provider Agency Complaint and PRSN Grievance Tracking
 - Random checks of provider Complaint/Grievance files with a cross-reference chart review
 - Quality Management Plan activities, such as review targeted issues for trends and recommendations
 - Review of previous Provider Corrective Action Plans related to Age and Cultural Competence policy, including provider profiles related to performance on targeted indicators

- The Division conducts the Mental Health Statistical Improvement Project (MHSIP) every year, one year for adults and the alternating the next year for children/ youth. The MHSIP measures general consumer satisfaction with the existing service delivery system, appropriateness and quality of services, participation in treatment goals, access to services, and perceived outcomes of services they received. The PRSN requests over sampling of the region to gather specific catchment area data and analyze for trends.
2. If a provider/contractor performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval.