

METRO EAST DRUG TREATMENT CORPORATION

Title: Appeals Policy

Original Date: September 22, 2021

Effective Date: September 23, 2021

1.0 Purpose	Define an appeal as a review by the staff of an adverse benefit determination and the process to assist the patient.
2.0 Policy Details	<p>Each service recipient has the right to request a review of their service provider's decision or action to reduce, terminate, suspend, or deny services.</p> <p>In writing, Metro East service providers must inform a patient when a decision is made to change or deny services.</p> <p>Metro East has only one level of appeal for patients.</p> <p>If the patient does NOT agree with the decision, they may request a local appeal from DWIHN.</p> <p>Metro East activates an expedited review process for appeals when it is determined (for a request from the patient) or the staff indicates (in making the request on the patient's behalf or supporting the patient's request) that taking the time for a standard resolution could seriously jeopardize the member's life, physical or mental health, or ability to attain, maintain, or regain maximum function.</p> <ol style="list-style-type: none">a. The PROVIDER must ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a member's appeal. <p>Following receipt of a notification of an Adverse Benefit Determination by a provider, the patient has sixty (60) calendar days from the date on the ABD notice in which to file a request for an appeal to the provider.</p> <p>An appeal may be initiated as either an oral or written request. With the written consent of the member, a provider or an authorized representative may request an appeal on behalf of the member.</p> <p>If the Provider denies a request for expedited resolution of an appeal, it must:</p>

- a. Transfer the appeal to the timeframe for standard resolution in accordance with 42 CFR §438.408(b)(2).
- b. Follow the requirements in 42 CFR §438.408(c)(2), including:
 - i. Make reasonable efforts to give the member prompt oral notice of the delay.
 - ii. Within two (2) calendar days, give the member written notice of the reason for the decision to extend the time frame and inform the member of the right to file a grievance if the member disagrees with that decision.

Metro East acknowledges receipt of each appeal and maintains a log.

17. Metro East ensures that the individuals who made decisions on appeals are individuals:

- a. Who are not involved in any previous level of review or decision-making, nor a subordinate of any such individual.
- b. Who, if deciding any of the following, are individuals who have the appropriate clinical expertise, as determined by the State, in treating the member's condition or disease:
 - i. An appeal of a denial that is based on lack of medical necessity.
 - ii. An appeal that involves clinical issues
- c. Who take into account all comments, documents, records, and other information submitted by the member or their representative without regard to whether such information was submitted or considered in the initial ABD.

Metro East provides that oral inquiries seeking to appeal an ABD are treated as appeals.

Metro East provides the member a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments.

- a. Metro East informs the patient of the limited time available for this sufficiently in advance of the resolution timeframe for appeals as specified in 42 CFR §438.408(b) and (c) in the case of expedited resolution.

Metro East provides the patient and his or her representative the patient's case file, including medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by Metro East (or at the direction of the agency) in connection with the appeal of the

ABD. This information is provided free of charge and sufficiently in advance of the resolution timeframe for appeals as specified in 42 CFR §438.408(b) and (c).

Metro East resolves standard appeals and sends a notice to the affected parties as expeditiously as the patient's health condition requires, but no later than thirty (30) calendar days from the day the agency receives the appeal.

Metro East resolves expedited appeals and send notice to the affected parties no later than seventy-two (72) hours after the agency receives the appeal.

The Provider may extend the standard or expedited appeal resolution timeframes by up to fourteen (14) calendar days if:

- a. The member requests the extension; or
- b. The PROVIDER shows (to the satisfaction of the State agency, upon its request) that there is need for additional information and how the delay is in the member's interest.

Metro East completes all of the following if the standard or expedited appeal resolution timeframes is extended and not at the request of the patient;

- a. Make reasonable efforts to give the member prompt oral notice of the delay.
- b. Within two (2) calendar days give the member written notice of the reason for the decision to extend the timeframe and inform the member of the right to file a grievance if he or she disagrees with that decision.
- c. Resolve the appeal as expeditiously as the member's health condition requires and no later than the date the extension expires.

In the case Metro East fails to adhere to the appeal notice and timing requirements, the patient is deemed to have exhausted Metro East's appeals process. The patient may initiate a State fair hearing.

26. For all appeals, Metro East provides written notice of the resolution in a format and language that, at a minimum, meets the requirements in accordance with 42 CFR §438.10. The written notice of the appeal resolution includes:

- a. The results of the resolution process and the date it was completed
- b. For appeals not resolved wholly in favor of the member:

- i. The right to request a State fair hearing, and how to do so.
- ii. The right to request and receive benefits while the hearing is pending, and how to make the request.
- iii. That the patient may, consistent with state policy, be held liable for the cost of those benefits if the hearing decision upholds Metro East's ABD related to the appeal.

For notice of an expedited appeal resolution, Metro East makes reasonable efforts to provide oral notice.

The patient may request a State fair hearing only after receiving notice that Metro East is upholding the ABD related to the appeal.

The patient is given one hundred twenty (120) calendar days from the date of Metro East's notice of appeal resolution to request a State fair hearing.

Metro East continues the patient's benefits if all of the following occur:

- a. The patient files the request for an appeal timely (within 60 calendar days from the date on the ABD notice).
- b. The appeal involves the termination, suspension, or reduction of previously authorized services.
- c. The services were ordered by an authorized provider.
- d. The period covered by the original authorization has not expired.
- e. The patient timely files for continuation of benefits.

Timely files means on or before the later of the following: within ten (10) calendar days of the provider sending the notice of ABD, or the intended effective date of the provider's proposed ABD.

If, at the patient's request, the provider continues or reinstates the member's benefits while the appeal or State fair hearing is pending, the benefits must be continued until one of following occurs:

- a. The patient withdraws the appeal or request for State fair hearing.
- b. The patient fails to request a State fair hearing and continuation of benefits within ten (10) calendar days after the provider sends the notice of an adverse resolution to the patient's appeal.
- c. A State fair hearing office issues a hearing decision adverse to the patient.
- d. The authorization expires or authorization service limits are met.

If Metro East or the State fair hearing officer reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending, the provider must authorize or provide the disputed services promptly and as

expeditiously as the member's health condition requires but no later than 72 hours from the date it receives notice reversing the determination.

If DWIHN or the State fair hearing officer reverses a decision to deny authorization of services, and the patient received the disputed services while the appeal was pending, Metro East must pay for those services.

In handling grievances and appeals, the Metro East/PIHP gives patients any reasonable assistance in completing forms and taking other procedural steps related to a grievance. This includes, but is not limited to, auxiliary aids and services upon request, such as providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.

DWIHN must provide information specified in 42 CFR §438.10(g)(2)(xi) about the grievance and appeal system to all providers and subcontractors at the time they enter into a contract.

The Provider must include as parties to the appeal and State fair hearing:

- a. The patient and his or her representative.
- b. The legal representative of a deceased patient's estate.
- c. For State fair hearings, the PROVIDER.

Grievance and appeal records must be accurately maintained in a manner accessible to the State and available upon request to CMS, and contain, at a minimum, all of the following information:

- a. A general description of the reason for the appeal or grievance.
- b. The date received.
- c. The date of each review or, if applicable, review meeting.
- d. Resolution at each level of the appeal or grievance, if applicable.
- e. Date of resolution at each level, if applicable.
- f. Name of the patient for whom the appeal or grievance was filed.

Grievance and appeal records must be retained for ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.

Metro East staff adhere to this condition of employment, informing patients of their rights and helping them connect with DWIHN when necessary.

If Metro East staff have any questions regarding any of the following:

- Appeals

- State Fair Hearing
- Local Dispute Resolution
- Alternative Dispute Resolution

please call the Appeals Specialist: Dorian Johnson at.(313) 344- 9099 ext. 3345.

Additional details are readily available at dwihn.org.

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Policy Review Date:	5/24/2023
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