

# Metro East Appeals Policy

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Effective Date: April 1, 2024

Policy Owner: Chief Operating Officer

Applies To: All Staff

Review Cycle: Annual

## Purpose

To establish a clear, accessible, and compliant process by which patients may file appeals in response to an Adverse Benefit Determination (ABD), in accordance with Federal and State regulations and DWIHN policy.

## Scope

This policy applies to all staff, subcontractors, and providers responsible for the delivery of mental health, developmental disabilities, and substance use disorder services to patients of the Detroit Wayne Integrated Health Network (DWIHN).

## Policy Statement

Patients have the right to file an appeal when they disagree with an ABD related to the scope, duration, or availability of services. The appeal process must be fair, timely, and transparent, and must not result in retaliation or barriers to care.

## Definitions

a. **Appeal:**

A request for review of an Adverse Benefit Determination.

b. **Adverse Benefit Determination (ABD):**

Includes denial, reduction, termination, or delay of services.

c. **Expedited Appeal:**

A faster resolution process requested when the standard appeal timeframe could seriously jeopardize the patient's health or safety.

## Patient Appeal Rights

- d. Request an appeal within sixty (60) calendar days from the date of the ABD notice.**
- e. File an appeal either orally or in writing.**
- f. Request an expedited appeal if a delay could endanger health or safety.**
- g. Designate a representative, including a provider, to file on their behalf with written consent.**
- h. Request continuation of services during the appeal process if filed timely.**
- i. Access the State Fair Hearing process if the appeal is not resolved in their favor.**
- j. Receive free access to records relevant to the appeal, including new evidence considered during review.**

## Appeal Process

### 1. Filing an Appeal

Appeals may be submitted by the patient or their authorized representative. Must be filed within 60 calendar days of receiving an ABD notice. Can be submitted orally or in writing. Oral appeals must be followed by a written, signed appeal unless expedited.

### 2. Acknowledgment

All appeals will be acknowledged in writing within five (5) calendar days of receipt.

### 3. Timeframes for Resolution

Standard Appeals: Resolved within 30 calendar days. Expedited Appeals: Resolved within 72 hours from receipt of request. Timeframes may be extended by 14 calendar days if the patient requests it or if additional information is needed and the extension is in the patient's interest.

### 4. Notification of Resolution

Resolution notices will include: the outcome of the appeal, date of resolution, information about State Fair Hearing rights, and right to continue benefits (if applicable). If expedited, oral notice will also be provided and followed with written confirmation.

## Continuation of Services

Services must be continued during the appeal if: The appeal is filed timely, involves a reduction/suspension/termination of an existing service, the original authorization has not expired, and the patient requests continuation within 10 calendar days of the ABD notice or before the effective date.

If the final appeal decision is in the patient's favor, services must be reinstated or initiated within 72 hours. If the decision upholds the ABD, the patient may be liable for the cost of continued services.

### **Staff Roles and Training**

Appeal reviewers will be clinically qualified and impartial (not involved in previous decisions). All staff handling appeals must receive annual training on: Patient rights and due process, timeframes and procedures for standard and expedited appeals, and State and Federal regulatory updates.

### **Recordkeeping**

All appeal records must include: reason for appeal, dates of receipt/review/resolution, outcome and final disposition, and patient identity. Records must be retained for ten (10) years and made available to DWIHN, MDHHS, or CMS upon request.

### **Assistance and Accessibility**

The Customer Services Coordinator, Nursing Supervisor, and COO will assist with appeals and provide: interpreter services, auxiliary aids (e.g., TTY, large print), appeal templates and support completing forms. Appeal information will be available in prevalent non-English languages and alternate formats at no cost.

### **Review and Updates**

This policy will be reviewed annually and updated to reflect changes in DWIHN guidelines, MDHHS contracts, or Federal regulations.

## Approval Signatures

Written by:  
Christopher Fueri, Chief Operating Officer

Approved by:

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Daborah Carroll, Chief Executive Officer

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Date