

 <p>SPOKANE COUNTY Regional Support Network Prepaid Inpatient Health Plan</p>	Policy Title: Appeals: Providing Assistance		Policy # QM-13
	Signature: Signature on file	Revised: 9/4/07	
	Christine Barada, Director Community Services, Housing and Community Development	Reviewed:	
	Signature Date: 9/4/07	Signing by authority of Res. No. 2007-0038	

Applies to:

Internal External

References

[42 CFR 438.406](#)

[42 CFR 438.408](#)

[42 CFR 438.410](#)

WAC [388 865 0250, 0255 \(11\)](#).

Scope

SCRSN/PIHP and contracted providers.

Policy

SCRSN/PIHP and network providers shall inform Consumers of the right to appeal a denial of authorization for services. Consumers receive a written “Notice of Action” regarding the denial, suspension, reduction or termination of services including: the reason for the decision, how the Consumer may initiate an appeal and who may assist the Consumer with the appeal process. The Consumer may file an appeal without fear of punitive action.

Definitions:

Authorization:

A decision made by SCRSN or its designee, that a request for outpatient or inpatient mental health care meets eligibility criterion, is medically necessary and is approved for authorization/payment.

Denial:

A decision made by a SCRSN or its designee and when appropriate, the SCRSN Medical Director, that a request for authorization/payment does not meet medical necessity, or eligibility criterion for the requested service.

Notice of Action:

A written notice to the Consumer including the decision to deny services. The letter will include the reason for the denial, the effective date of the denial and the appeal process available to the Consumer.

Appeal:

A written request to the SCRSN or its designee in response to a “Notice of Action”.

Procedures/Mechanisms

When the SCRSN or its designee determines that the authorization request does not meet the medical necessity criterion for the requested services, a written Notice of Action will be sent to the Consumer, documented in the Management Information System, (MIS) and is available to the Consumer’s network provider.

A denial will be based on the following:

1. Lack of Medical necessity.
 - 1.1 A Notice of Action is then mailed to the Consumer explaining appeal rights.
2. Consumer does not meet eligibility criterion.
 - 2.1 Consumers who do not meet eligibility criterion, do not receive a Notice of Action and do not have the right to appeal the decision.

A network provider may initiate the Appeal process on behalf of the Consumer:

3. The appeal cover letter must be accompanied by the pertinent medical documentation for the dates of service in appeal. These are sent to:

SCRSN
312 West 8th
Spokane, WA 99204
Fax: (509) 232 – 3130
ATTN: Appeals Dept.

- 3.1 The network provider may submit any medical records that have a bearing on the rationale for treatment.
- 3.2 The SCRSN Medical Director will review the request for appeal, with the additional documentation submitted by the provider.
- 3.3 The SCRSN will respond in writing within 10 days with the reviewer’s determination.

Consumer Appeal Process and Procedures (SCRSN level):

The Consumer, guardian, or other persons designated by the Consumer, may request an appeal of a denial decision. The Ombuds office and provider agency staff are available to assist the Consumer in filing an appeal.

4. The SCRSN/PIHP offers the Consumer two types of Appeals:
 - 4.1 Standard Appeal Process, which must be accomplished in no more than 45 days.
 - 4.2 Expedited Appeal Process, which must be completed in 3 business days.
5. The SCRSN or its designee must employ the Expedited Appeal Process when it determines, or a provider indicates, that taking time for a Standard Appeal Process could jeopardize the Consumer’s life, health, or ability to attain, maintain or regain maximum function.

6. If the SCRSN or its designee denies a request for an Expedited Appeal Process, it must transfer the request to the Standard Appeal Process and give the Consumer prompt verbal notice of the denial and follow-up within two calendar days with a written notice of denial.
7. A Consumer must start an appeal within 20 days of receiving the Notice of Action.
8. Any enrolled Consumer in the SCRSN system of care may request an appeal. If the appeal is requested orally, the oral request must be followed by a written, signed, dated appeal within 5 days of the oral request.
Note: Verbal requests are treated the same as written appeals to establish the earliest possible filing date for the appeal and documented by the SCRSN or its designee in the MIS system.
9. With a Consumer's consent, any network provider in the SCRSN system of care may request an appeal on behalf of the Consumer. The appeal shall be requested and filed in writing and signed by the Consumer and transmitted to the SCRSN Appeals address.
10. A network provider or any other stakeholder in the mental health system may refer a Consumer to the Ombuds Service for assistance in preparing an appeal.
11. Upon a Consumer's request, the Ombuds Service may provide assistance in filing an appeal on behalf of the Consumer and the Consumer may ask for help from other individuals. The Appeal shall be submitted in writing and signed by the Consumer and transmitted to the SCRSN-Appeals address.
12. Upon receiving an appeal, the SCRSN or its designee shall date – stamp the appeal and document receipt in the MIS. The Consumer shall be verbally notified the following working day after receipt of an appeal. The Consumer shall be mailed a written acknowledgement within 5 working days.
Note: if the Consumer chooses to do so the SCRSN will allow the Consumer 72 hours to informally discuss the appeal with the SCRSN before deciding to continue the appeal process. This will be documented in the MIS by the SCRSN or its designee.
13. The SCRSN or its designee must assure that decision of any appeal is conducted competently in consideration of and in response to the Consumer's age, culture, language, unique status and needs.
14. The SCRSN or its designee must assure that resolution of any Appeal is conducted in a timely manner. A Standard Appeal Decision and written notice to all affected parties shall be completed in no more than 45 days. An Expedited Appeal decision and written notice to all affected parties shall be completed in no more than 3 days. In the case of an Expedited Appeal Decision, the SCRSN shall make efforts to provide oral notice of the appeal decision to all affected parties.
Note: Appeals and appeal decisions shall be processed even though the Consumer may no longer be receiving mental health services.
15. A Consumer pursuing an appeal may request and be granted an extension of the 45 day time period for a Standard Appeal decision and of the 3 day time period for an Expedited Appeal decision. In either case, the extension shall be up to 14 days.

16. The SCRSN or its designee may also request an extension of the 45 day time period for a Standard Appeal decision or the 3 day time period for an Expedited Appeal decision, subject to the approval of the Mental Health Division and if the SCRSN demonstrates a need for additional information and the extension is in the best interest of the Consumer. If the SCRSN elects to request and is granted an extension of either time period, the SCRSN must provide the Consumer written notice of the reason for the extension. In either case the extension shall be up to 14 days.
 17. SCRSN must assure that all appeal processes and decisions are carried out appropriately. Appeal decisions must be made by those who have no conflict of interest, who were not involved in any previous level of review or decision making and who have an appropriate level of clinical expertise.
 18. The SCRSN must provide the Consumer the following appeal options:
 - 18.1 The inclusion of other participants;
 - 18.2 The reasonable opportunity to present evidence, allegations of fact or law, in person as well as in writing;
 - 18.3 An opportunity for the Consumer, and his/her representative, to examine Consumer's case files, medical records, and other records and documents considered during the Appeal process;
 - 18.4 The inclusion of parties to the appeal of the Consumer, of his/her representative(s), and/or of the legal representative of any deceased Consumer's estate.
 19. The notice of the appeal decision must contain results of the appeal process and date of decision.
 20. For an appeal not wholly resolved in favor of the Consumer, the written Notice of the appeal decision must also include these points:
 - 20.1 The Consumer's right to request a State administrative ("fair") hearing", and how to do so;
 - 20.2 The Consumer's right to request to receive services while the State administrative ("fair") hearing" is pending;
 - 20.3 The possibility the Consumer may be held liable for the cost of those services if the results uphold the initial decision.
- Office of Administrative Hearings
P.O. Box 42489
Olympia, WA 98504
The toll-free telephone number is: 1 (800) 583-8271
21. Punitive Action Disallowed: The SCRSN must assure that punitive action is neither taken against a Consumer who appeals a decision, or a network provider who supports a Consumer's appeal.

Monitoring

This policy will be monitored through the annual contracted provider monitoring, with the appropriate recommendations, findings and/or corrective actions required in performance improvement projects.