Section: **Customer Service**	Procedure Name: **Appeal Procedure**	Procedure #: **P06.04.01**
Overarching Policy: **06.04 Customer Appeal System**		
Owner: **Customer Services Manager**	Reviewed By: **Sarah Ameter**	Total Pages: **9**
Required By: ☒ **BBA** ☒ **MDHHS** ☐ **NCQA** ☒ **Other (please specify):** **Mental Health Code__**	Final Approval By: Sarah Ameter	Date Approved: Nov 12, 2024
Application: ☒ **SWMBH Staff/Ops** ☐ **Participant CMHSPs** ☐ **SUD Providers** ☐ **MH/IDD Providers** ☐ **Other (please specify):** _____	Line of Business: ☒ **Medicaid** ☐ **Other (please specify):** ☒ **Healthy Michigan** _____ ☒ **SUD Block Grant** ☒ **SUD Medicaid**	Effective Date: **10/1/24**

Policy: 06.04 Customer Appeal System

Purpose: To ensure the grievance system for Medicaid enrollee's, to include funding sources: Healthy Michigan Plan (HMP) and Home and Community Based Services (HCBS), promotes the resolution of the customer's concerns while supporting and enhancing the overall goal of improving quality of care. This procedure is for internal use at Southwest Michigan Behavioral Health (SWMBH).

Scope: SWMBH Customer Services

Responsibilities: SWMBH Customer Service Department shall ensure compliance with the standards and guidelines outlined in this procedure and guiding documents including contractual agreements and regulatory requirements.

Definitions: See policy 06.04 Customer Appeal System

Procedure:

A. Appeal Procedure

1. Customer or their authorized representative will request an appeal verbally or in writing to customer service staff.
   a. Appeals may be filed by the customer, parent of a minor, legal guardian, or another chosen authorized representative.

i. If customer wishes to name a representative, customer service staff will send an appointment of representative form for the customer to complete and return or inform them of electronic access to this from (if applicable).

b. If customer wishes to communicate by email regarding their appeal, customer service staff will request a written statement to give permission for email communications.

2. Customer service staff will listen, support, and help problem-solve when a customer or authorized representative files an appeal. Customer service staff will ask questions to determine the desired resolution/outcome related to the appeal.
3. Customer service will acknowledge receipt of the appeal according to the timeframes specified in 6.4 Customer Appeal System.
   a. The Appeal Acknowledgment will be mailed according to state and federal requirements and timeframes and will include:
      i. Name of the member for whom the appeal was filed.
      ii. The date the appeal was received.
      iii. A general description of the appeal.
      iv. A description of the timeframe for resolving the appeal.
4. Customer service will facilitate language assistance, interpreter services, auxiliary aides, or other support to help the customer or representative understand and complete the appeal process.
5. Customer service will inform the customer or representative of the right to present information or evidence verbally or in writing related to the appeal. They can argue their case and will be told the timeframe they have to do so.
6. Customer service staff will provide the customer and representative a copy of the customer's case file, including medical records and any other documents or records considered, relied upon, or generated by or at the direction of SWMBH/CMHSP, in connection with the Appeal of the Adverse Benefit Determination. This information must be provided free of charge and sufficiently in advance of the resolution timeframe for appeals.
   a. Case file will be provided by a method agreed upon between Customer Service and the customer and/or the customer's representative (mail, in-person pick up, secure email or fax with customer permission, etc.).
      i. Customer service will document the provision of the case file and method of delivery in the Appeal record.
   b. If customer and representative refuse a copy of the case file, the refusal will be documented in the Appeal record.
   c. If customer is not agreeable to the delivery methods above:
      i. The customer and representative will be offered the opportunity to state how they wish to receive the file.
      ii. If customer or representative does not provide alternative format for receiving the file, this will be documented as a refusal in the Appeal record.
7. Customer service will evaluate and determine if the appeal will be filed using the standard or expedited timeframe based on the information provided and the criteria and timeframes detailed in SWMBH policy "Customer Appeal Systems". Customer service will consult with clinical team if necessary to determine need for expedited resolution.

a. If an expedited appeal is requested and denied, customer service will make efforts to verbally inform the customer or representative of the denial promptly, provide written notice of the denial of an expedited resolution timeframe, and transfer the appeal process to the standard timeframe.

8. Customer service will determine if the appeal is eligible for continuation of benefits during the review based on criteria detailed in SWMBH policy "Customer Appeal Systems". If deemed eligible, customer service will coordinate with agency staff to continue services while the review is pending.
9. Customer service will document the appeal. Appeal documentation will be kept separate from the customer's clinical record in order to protect their privacy during the investigation.
   a. If the appeal was received in writing, the document will be saved in the customer's appeal record.
10. Customer service will gather information for the appeal review. This may include but is not limited to: clinical documentation used to make the original decision, medical necessity or other criteria used, and information provided by the member or representative for review.
11. Customer service will document contacts and updates to the investigation in the appeal record.
12. Customer service will ensure that individuals making decisions on appeals are individuals:
    a. Who were not involved in any previous level of review or decision-making, nor a subordinate of any such individual;
    b. Who when deciding an Appeal that involves either clinical issues or a denial of based on lack of medical necessity, are individual(s) who have the appropriate clinical expertise, as determined by the State, in treating the customer's condition or disease.
    c. Who consider all comments, documents, records, and other information submitted by the customer and/or their representative without regard to whether such information was submitted or considered in the initial Adverse Benefit Determination.
13. If an internal agency reviewer cannot be identified using the above criteria, customer service will coordinate with an external agency to identify an appropriate individual to conduct the review. Customer service will provide all relevant appeal documentation and any documentation provided by the customer to the identified reviewer.
14. Customer service will resolve the appeal within the prescribed timeframes for resolution. If an extension is warranted, based on SWMBH policy "Customer Appeal Systems", customer service will give prompt verbal notice of the delay and written notice of the reason for delay within 2 days.
    a. Customer service would resolve the appeal as quickly as the customer's health condition requires and no later than the date the extension expires.
    b. Customer service would notify the customer of their right to file a grievance about the extension of the timeframe.
15. If customer service does not resolve the appeal within the prescribed timeframes for resolution, the customer will be informed through an Adverse Benefit Determination notice that they have exhausted the PIHP/CMHSP appeal process and may initiate a State Fair Hearing. Customer will include a copy of the Request for State Fair Hearing form with the mailing.

16. Upon completion of the investigation, customer service will complete the following steps to finalize the appeal.
    a. Complete the remaining fields in the appeal record, including the outcome, date of review(s), name of reviewer, etc.
    b. Document any attempts to verbally inform the customer or representative of the results for an expedited appeal.
    c. Provide a written appeal resolution letter that includes:
        i. Results of the appeal.
        ii. The date the appeal process was completed.
    d. When the appeal is not resolved wholly in favor of the customer, the resolution must also include notice of the customer's:
        i. Right for a Medicaid customer to request a State Fair Hearing and how to do so;
        ii. Right to request benefits while a State Fair Hearing is pending, if requested, and how to make that request; and
        iii. Potential liability of the cost of those benefits if the hearing decision upholds the Adverse Benefit Determination action.

B. Medicaid State Fair Hearing Procedure

1. Customer service is notified of request for hearing by the Michigan Office of Administrative Hearings and Rules (MOAHR).
    a. If the case is not within the SWMBH region, customer service staff will respond to MOAHR with a written statement to this effect.
    b. If there was no local appeal, customer service will respond in writing to MOAHR with this information.
        i. Customer service will attempt to call the customer or representative to explain that the process for asking for a hearing was not followed.
        ii. Customer service will also send a written letter to the customer or representative explaining that the process was not followed and will forward a copy of this letter to MOAHR.
    c. Information formally supplied to MOAHR must be on SWMBH letterhead and signed by SWMBH staff prior to submission.
2. Customer service will determine if the fair hearing is eligible for continuation of benefits during the review based on criteria detailed in SWMBH policy "Customer Appeal Systems". If deemed eligible, customer service will coordinate with agency staff to continue services while the fair hearing is pending.
3. Customer service will facilitate language assistance, interpreter services, auxiliary aides, or other support to help the customer or representative understand and complete the fair hearing process.
4. Customer service will document the fair hearing. Fair Hearing documentation will be kept separate from the customer's clinical record in order to protect their privacy during the review.
5. Customer service will document contacts and updates in the fair hearing record.

6. Customer service will contact the identified Community Mental Health (CMH) agency to request clinical documentation from the local appeal.
7. Customer service will contact the member or representative to continue the investigation.
    a. Customer service will inform them of the right to submit information or documents to be included in the case review prior to the hearing.
    b. If customer wishes to communicate by email regarding their appeal, customer service staff will request a written statement to give permission for email communications.
    c. Customer service will determine with member or representative if any accommodations are required for the hearing (interpretation, accessible conference space, etc.) and coordinate these as needed.
8. Customer service will determine if legal counsel is needed for consultation or facilitation of the hearing and if so, will coordinate with them during the process.
9. Customer service will coordinate with clinical team to facilitate case file review prior to the hearing if needed.
    a. Customer service will assist with obtaining any additional records for review, which may include coordinating access to the local CMH or provider clinical files.
    b. Clinical reviewer completes the review and provides the results to customer service for inclusion in the hearing packet.
10. Customer service will receive a "Notice of Hearing" from MOAHR with the date/time/location of the hearing.
    a. Customer service will ensure that all mandatory parties are notified (customer or representative, SWMBH staff, CMH staff, and/or legal counsel).
    b. Customer service will ensure that a conference space is booked at the local CMH if the Notice of Hearing indicates the hearing will be conducted in-person.
    c. Customer Service will ensure that a conference phone line is booked for the hearing time if one is not provided on the Notice of Hearing.
11. Customer service will coordinate with the CMH and customer to resolve issues prior to the hearing when possible.
12. If legal counsel is involved as the facilitator, the SWMBH clinical review and other relevant documents need to be supplied to legal counsel at <u>least **9** days</u> before the schedule hearing.
13. If customer service is facilitating, customer service staff need to complete a Hearing Summary with any attached proofs.
    a. The hearing summary and proofs must be sent to MOAHR at <u>least **7** days</u> before the scheduled hearing.
    b. A copy must also be sent to the customer or representative, post marked at <u>least **7** days</u> before the scheduled hearing.
14. If an agreement is reached before the hearing date, the customer or representative may WITHDRAW from the hearing.
    a. Customer service may assist or pre-fill portions of the withdrawal request form if needed to help the customer or representative.
    b. The request for withdrawal must be in writing, signed, and sent to MOAHR prior to the hearing.

c. If SWMBH does not receive a notice of Withdrawal from MOAHR prior to the hearing, the hearing will be attended by customer service staff and any others deemed necessary.

15. If a PRE-HEARING CONFERENCE is needed, customer service or legal counsel (if involved) will submit a motion for pre-hearing conference. Pre-hearings are used to address jurisdiction or policy matters prior to the hearing.
    a. The request for pre-hearing conference must be sent to both MOAHR and the customer or representative.
16. When a final order from the hearing is received, customer service will save the order to the fair hearing file and notify legal counsel or other involved parties of the decision to implement.
    a. If an ORDER OF DISMISSAL/WITHDRAWAL, customer service staff will offer to connect the customer back with their CMH for follow up and planning. Customer service staff will notify the CMH that any continuation of benefits may be stopped.
    b. If a DECISION AND ORDER: AFFIRMED, customer service staff will offer to connect the customer back with their CMH for follow up and planning. Customer service staff will notify the CMH that any continuation of benefits may be stopped.
    c. If a DECISION AND ORDER: REVERSED, customer service will:
        i. Coordinate with the customer and CMH to reverse the adverse action and reinstate services (if needed) within 72 hours of receiving the order.
        ii. Complete and return to MOAHR the ORDER CERTIFICATION form within **10** days of receiving the hearing decision along with proof from the CMH that the action was reversed.
        iii. Bring the decision and order to the attention of senior leadership for follow up with any corrective action, policy updates, etc. if deemed appropriate.
17. Customer service will complete remaining fields in the hearing record, documenting the outcome, date of the order, etc.

C. Second Opinions Procedure

1. For requests for a second opinion related to denials of inpatient psychiatric hospitalization or denials of eligibility for services (i.e. front door denials), the PIHP/CMHSP will follow the prescribed process detailed in Sections 409 and 705 of the Michigan Mental Health Code. These sections are also summarized in SWMBH Customer Appeal System Policy for reference.
2. For requests for second opinion related to other matters according to 42 CFR 438.206 (b) (diagnoses, medications, treatment modalities, etc.), Customers will be directed to their local PIHP/CMSHP Customer Service department for coordination to obtain a second opinion using the process below. Second Opinion requests related to Substance Use Disorder services will be directed to the PIHP.
3. Customer or their authorized representative will request a second opinion verbally or in writing to customer service staff.
    a. Second Opinions may be filed by the customer, parent of a minor, legal guardian, or another chosen authorized representative.
        i. If customer wishes to name a representative, customer service staff will send an appointment of representative form for the customer to complete and return or inform them of electronic access to this from (if applicable).

b. If customer wishes to communicate by email regarding the second opinion review, customer service staff will request a written statement to give permission for email communications.

4. Customer service staff will listen, support, and help problem-solve when a customer or authorized representative files a second opinion. Customer service staff will ask questions to determine the desired resolution/outcome related to the second opinion.
5. Customer service will acknowledge receipt of the second opinion.
   a. If acknowledging in writing, the letter will include:
      i. Name of the member for whom the second opinion was filed.
      ii. The date the second opinion request was received.
      iii. A general description of the request for second opinion review.
      iv. A description of the timeframe for resolving the second opinion.
   b. If acknowledged verbally, customer service staff will summarize the request back to the caller to ensure that their request and desired outcome is documented correctly. Customer staff will document any verbal acknowledgement in the second opinion record.
   c. If second opinion is resolved quickly, a combined Acknowledgment/Resolution letter may be mailed to the customer.
6. Customer service will facilitate language assistance, interpreter services, auxiliary aides, or other support to help the customer or representative understand and complete the second opinion process.
7. Customer service will inform the customer or representative of the right to present information or evidence verbally or in writing related to the second opinion. They can argue their case and will be told the timeframe they have to do so.
8. Customer service will document the second opinion. Second opinion documentation will be kept separate from the customer's clinical record to protect their privacy during the investigation.
   a. If the second opinion request was received in writing, the document will be saved in the customer's second opinion record.
9. Customer service will gather information for the second opinion review. This may include but is not limited to: clinical documentation, medical necessity or other criteria used, and information provided by the member or representative for review.
10. Customer service will document contacts and updates to the investigation in the second opinion record.
11. Customer service will ensure that individuals making decisions on second opinions are individuals:
    a. Who were not involved in any previous level of review or decision-making, nor a subordinate of any such individual;
    b. Who when deciding a second opinion that involves clinical issues, are individual(s) who have the appropriate clinical expertise, as determined by the State, in treating the customer's condition or disease.
    c. Who consider all comments, documents, records, and other information submitted by the customer and/or their representative without regard to whether such information was submitted or considered previously.

12. If an internal agency reviewer cannot be identified using the above criteria, customer service will coordinate with an external agency to identify an appropriate individual to conduct the review. Customer service will provide all relevant second opinion documentation to the identified reviewer.
13. Customer service will strive to resolve the second opinion within the prescribed timeframes for resolution of appeals (i.e. – within 30 calendar days of the request). If more time is needed due to coordination of external assessments or at customer request, this will be documented in the second opinion file: including the rationale for going beyond the 30-day timeframe and the expected date of completion.
14. Upon completion of the investigation, customer service will complete the following steps to finalize the second opinion.
    a. Complete the remaining fields in the second opinion record, including the outcome, date of review(s), name of reviewer, etc.
    b. Provide a written or verbal resolution that includes:
        i. Results of the second opinion.
        ii. The date the second opinion process was completed.

Effectiveness Criteria: Effectiveness of this procedure will be measured by complete documentation and timely processing of customer second opinions, appeals, and fair hearings.

References: None

Attachments: None

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
0	7/1/2020		New procedure	H. Woods
1	6/25/21	Procedure: A7iv; B9iv	Clarifying language to include for written acknowledgments	H. Woods
2	5/19/22	Procedure: A5 and B6	Add: consult with clinical team to determine need for expedited resolutions.	H. Woods
3	12/1/22	Procedure	Renaming to "Appeal Procedure". Removing Grievance language now covered in separate procedure. Clarifying appeal acknowledgment. Removing language requiring follow up in writing for oral appeals.	H. Woods
4	9/19/23	Procedure: Added C	Adding 2nd Opinions information to procedure.	H. Woods
5	8/1/24	Procedure throughout sections A & C	Updating per G&A Technical Requirement, 4.30.24 edition.	H. Woods
6	10/1/24	Procedure B10b and A16b	Annual Review	H. Woods

P06.04.01 Appeal

Final Audit Report 2024-11-12

Created:	2024-11-12
By:	Paige Pfaff (paige.pfaff@swmbh.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAZPpejTzTHPTBnonchT7gNs6TfxfU2dlw

"P06.04.01 Appeal" History

Document created by Paige Pfaff (paige.pfaff@swmbh.org)
2024-11-12 - 2:56:16 PM GMT- IP address: 104.159.231.26

Document emailed to Sarah Ameter (sarah.ameter@swmbh.org) for signature
2024-11-12 - 2:56:39 PM GMT

Email viewed by Sarah Ameter (sarah.ameter@swmbh.org)
2024-11-12 - 3:30:06 PM GMT- IP address: 104.47.56.126

Document e-signed by Sarah Ameter (sarah.ameter@swmbh.org)
Signature Date: 2024-11-12 - 3:30:16 PM GMT - Time Source: server- IP address: 104.159.231.26

Agreement completed.
2024-11-12 - 3:30:16 PM GMT