

STANDARD APPEALS

SECTION:	Grievance Process
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SUBJECT:	Standard Appeals
EFFECTIVE DATE:	1/2009
REVISION DATE:	4/2018

POLICY

DBH will maintain an appeals process whereby an Enrollee, his/her legally authorized representative (including the representative of a deceased Enrollee's estate), or provider acting on behalf of the Enrollee with the Enrollee's written consent, may file an Appeal of an Action:

PROCEDURES

- 1.0 An Appeal may be filed either orally or in writing by either the Enrollee, his/her legally authorized representative (including the representative of a deceased Enrollee's estate), or a provider acting on behalf of the Enrollee and with the Enrollee's written consent
 - 1.1 The Appeal must be filed within 60 calendar days from the date on DBH's Notice of Action.
 - 1.2 DBH will continue the Enrollee's benefits during the Appeal process if the Enrollee wants benefits to continue during the Appeals process and requests extension of benefits in the Appeal, the decision being appealed is to terminate, suspend, or reduce a previously authorized course of treatment, the services were ordered by an authorized provider and the original period covered by the original authorization has not expired, and the Enrollee files the Appeal timely, which means filing the Appeal on or before the later of the following:
 - 1.2.1 Within 10 days of DBH mailing the Notice of Action
 - 1.2.2 The intended effective date of DBH's proposed Action
- 2.0 Oral inquiries seeking to appeal an Action are treated as an Appeal to establish the earliest possible filing date for the Appeal. Unless the Enrollee or his or her provider requests an expedited resolution of the Appeal (which does not require a written follow-up request), the oral Appeal must be followed with a written, signed Appeal. The written, signed Appeal must be received within five (5) working days from the date of the oral Appeal. The written signed, Appeal should be sent to the DBH Grievance Officer at P.O. Box 689, Farmington, UT 84025. If an Enrollee or his or her provider requests an Appeal orally, DBH will inform or remind the Enrollee or provider of the following:
 - 2.1 The oral filing of an Appeal must be followed with a written, signed appeal within five (5) working days from the date of the oral Appeal
 - 2.2 If applicable, that the provider can file the written Appeal only with the Enrollee's attached written consent
 - 2.3 That the standardized form entitled "Appeal Request Form" can be used to submit the Appeal in writing

- 2.4 if the Enrollee wants a continuation of benefits when the decision is to terminate, suspend, or reduce a previously authorized course of treatment, that this must be requested
 - 2.5 That the written, signed Appeal should be sent to the DBH Grievance Officer at P.O. Box 689, Farmington, UT 84025.
- 3.0 DBH will give Enrollees any reasonable assistance in completing required forms for submitting a written Appeal or taking other procedural steps. Reasonable assistance includes, but is not limited to, auxiliary aids & services upon request, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability. From anywhere in Davis County, the Enrollee may call toll-free (801) 447-8887 and ask for the Grievance Officer. For TTY, the Enrollee may call 711 or call 1-888-346-3162 for Spanish. If an Enrollee needs interpreter services or other assistance, the Enrollee may contact any DBH facility or call the Grievance Officer at (801) 447-8887 and request an interpreter or other assistance
- 4.0 Each Enrollee and his or her legally authorized representative who has filed an Appeal will be entitled to the following.
 - 4.1 An acknowledgement of the receipt of the Appeal (either orally or in writing by a form entitled "Notice of Receipt of Appeal") and an explanation of the process that will be followed to resolve the Appeal.
 - 4.2 Reasonable opportunity to present evidence, testimony, and allegations of fact or law, in person as well as in writing. The enrollee will be informed of the limited time available for this sufficiently in advance of the resolution timeframe in case of expedited resolution.
 - 4.3 An opportunity, before and during the appeals process, to examine the Enrollee's case file, including medical records, any other documents or records, and any new or additional documents considered, relied upon, or generated by DBH in connection with the appeal, will be considered during the appeals process:
 - a. include as parties to the Appeal the Enrollee and his or her representative; or
 - b. the legal representative of a deceased Enrollee's estate.This information will be provided at no cost and sufficiently in advance of the appeal resolution timeframe.
- 5.0 DBH will ensure that Individuals who make the decision on an Appeal (Standard or Expedited, see also Expedited Appeals policy) are individuals who
 - 5.1 Take into account all comments, documents, records and other information submitted by the enrollee or their representative without regard to whether such information was submitted or considered in the initial Action.
 - 5.2 Were not involved in any previous level of review or decision-making.
 - 5.3 If deciding on an appeal of a denial that is based on lack of medical necessity or an appeal that involves clinical issues, are health care professionals who have the appropriate clinical expertise in treating the Enrollee's condition or disease
- 6.0 If the Grievance Officer determines that the required Appeal time frame will not be met, the Enrollee will be mailed a Notice of Appeal Extension informing

him/her that DBH will need another 14 days to make the decision and providing the reason for the delay.

- 7.0 DBH will maintain complete records of all Appeals and submit semi-annual reports summarizing Appeals using Department-specified reporting templates. The DBH Grievance Officer will maintain documentation for Appeals including, but not limited to:
 - 7.1 Written Notices of Action
 - 7.2 A log of all oral Appeals and oral requests for expedited resolution of Appeals, including:
 - a. date of the oral requests
 - b. date of acknowledgment of oral requests for expedited resolution of Appeals and method of acknowledgment (eg orally or in writing)
 - c. date of denials of requests for expedited Appeal resolution
 - d. date of attempt to give prompt oral notice of denial of request for expedited Appeal resolution
 - 7.3 Copies of written standard or written expedited Appeal requests.
 - 7.4 Copies of written notices of denial of requests for expedited Appeal resolution
 - 7.5 Date and acknowledgement of written standard and written expedited Appeal requests and method of acknowledgment (eg orally or in writing)
 - 7.6 Copies of written notices when extending the time frame for adjudicating standard or expedited Appeals when DBH initiates the extension.
 - 7.7 Copies of written Notices of Appeal Resolution.
 - 7.8 Name of the individual(s) who made the decision on an Appeal. If the Appeal is regarding a denial that is based on lack of medical necessity or involves clinical issues, the title and credentials of the individual(s) who made the decision on the Appeal to demonstrate that DBH ensures they are individuals who 1) were not involved in any previous level of review or decision-making and 2) are health care professionals who have the appropriate clinical expertise, as determined by the Utah Department of Health, in treating the Enrollee's condition or disease.
 - 7.9 For standard or expedited Appeals not resolved within the required time frames, copies of Notice of Action letters informing enrollees they may request a State Fair Hearing.
 - 7.10 All other pertinent documentation needed to maintain a complete record of all Appeals and to demonstrate that Appeals were adjudicated according to contractual provisions governing Appeals.
- 8.0 If DBH or the State Fair Hearing Officer reverses a decision to deny, limit, or delay services that are not furnished while the appeal is pending, DBH will authorize or provide the disputed service promptly, and as expeditiously as the enrollee's health condition requires. If the DBH or the State Fair Hearing Officer reverses a decision to deny authorization of services, and the enrollee receives the disputed services while the appeal is pending, DBH will pay for those services in accordance with State regulations.