

SUMMARY OF GRIEVANCE & APPEAL REQUIREMENTS

The summary table below outlines key Grievance and Appeal requirements, including a comparison of new and existing requirements. Where discrepancies between federal and state requirements exist, an asterisk (*) is indicated to denote the standard Managed Care Plans currently comply with.

TOPIC	EXISTING REQUIREMENT	NEW REQUIREMENT <i>(Effective 07/01/17)</i>
DEFINITIONS		
	“Action”	“Adverse Benefit Determination”
	“Grievance System”	“Grievance and Appeal System”
“Grievance”	<ul style="list-style-type: none"> State: Definition is inclusive of Appeals Federal: An expression of dissatisfaction about any matter other than an Action* 	An expression of dissatisfaction about any matter other than an Adverse Benefit Determination
“Appeal”	<ul style="list-style-type: none"> State: Not defined Federal: A request for review of an Action* 	A review by a Managed Care Plan of an Adverse Benefit Determination
GRIEVANCES		
Filing	180 days	Any time
Acknowledgement	5 calendar days	5 calendar days
Standard Resolution	<ul style="list-style-type: none"> 30 calendar days (State)* 90 days but based on State-established standard (Federal) 	30 calendar days
Exempt Resolution	24 hours	24 hours
Expedited Resolution	<ul style="list-style-type: none"> 3 calendar days (State)* Expedited Grievances not defined (Federal) 	72 hours
APPEALS		
Filing	<ul style="list-style-type: none"> 90 days (Federal)* 180 days (State) 	60 calendar days
Filing	Oral appeal followed by signed, written appeal (existing requirement not delineated in the Contract)	Oral appeal followed by signed, written appeal (no change)
Acknowledgement	5 calendar days	5 calendar days
Standard Resolution	<ul style="list-style-type: none"> 30 calendar days (State)* 45 calendar days (Federal) 	30 calendar days
Expedited Resolution	<ul style="list-style-type: none"> 3 calendar days (State)* 3 working days (Federal) 	72 hours
Extension	14 calendar days	14 calendar days
Notification of Extension	No specified timeframe	<ul style="list-style-type: none"> Reasonable efforts to provide prompt oral notice Written notice within 2 calendar days
Effectuation of Overturned Decisions	As expeditiously as the health condition requires	72 hours

TOPIC	EXISTING REQUIREMENT	NEW REQUIREMENT <i>(Effective 07/01/17)</i>
STATE HEARINGS		
Filing	90 days from Notice of Action	120 calendar days from Notice of Appeal Resolution
Standard Resolution	90 days	90 calendar days
Expedited Resolution	3 working days	3 working days
Effectuation of Overturned Decisions	As expeditiously as the health condition requires	72 hours
NOTICE OF ACTION (NOA)		
Notice of Action	<ul style="list-style-type: none"> • Clear & Concise • Criteria/Guideline • Clinical Reason 	<ul style="list-style-type: none"> • Clear & Concise • Criteria/Guideline • Clinical Reason
Notice of Action	Must provide the reason for the decision	Must provide the reason for the decision, <u>including</u> the beneficiary's right to request free of charge copies of all documents and records relevant to the Notice of Action, including criteria or guidelines used.
"Your Rights" Attachment	Beneficiary informed of right to request an Appeal, State Hearing, and Independent Medical Review at the same time.	Beneficiary informed of requirement to exhaust the Managed Care Plan's internal Appeal process prior to proceeding to a State Hearing or Independent Medical Review.
State Hearing & Independent Medical Review Forms	Attached to Notice of Action	Not attached to Notice of Action
NOTICE OF APPEAL RESOLUTION (NAR)		
Notice of Appeal Resolution (Uphold)	Same Notice of Action template used as with initial denial	Distinct Notice of Appeal Resolution template created for appeal resolution
"Your Rights" Attachment	Same "Your Rights" attachments used as with initial denial	Distinct "Your Rights" attachment created to inform beneficiary of only State Hearing and Independent Medical Review rights
State Hearing & Independent Medical Review Forms	Attached to Notice of Action	Attached to Notice of Appeal Resolution
Notice of Appeal Resolution (Overturn)	No standard template required	Standard template created for consistency

Reference: All Plan Letter 17-006, Attachment A