

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.0	Member Grievance and Appeals Procedures				
13.0.1	The MCO must have a grievance system that complies with 42 CFR, Part 438, Subpart F. The MCO shall establish and maintain a procedure for the receipt and prompt internal resolution of all grievances and appeals in accordance with all applicable state and federal laws.	Met This requirement is addressed in MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service	Policy	Page 1, paragraph 1
13.0.2	The MCO's grievance and appeals procedures and any changes thereto must be approved in writing by DHH prior to their implementation and must include at a minimum the requirements set forth in this RFP.	Met This requirement is addressed in MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service	Policy	Page 1, Sentence 3
13.0.3	The MCO shall refer all MCO members who are dissatisfied with the MCO or its subcontractor in any respect to the MCO's designee authorized to review and respond to grievances and appeals and require corrective action.	Met This requirement is addressed in MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy on page 1.	MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service	Policy	Page 1, Sentence 4
13.0.4	The member must exhaust the MCO's internal grievance/appeal procedures prior to accessing the State Fair Hearing process.	Met This requirement is addressed in MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy on page 3.	MED 131.309.03 Medical Management Appeals Standard Pre and Post Service and Expedited Pre Service	Filing An Appeal	Page 3, Sentence 4
13.0.5	The MCO shall not create barriers to timely due process. The MCO shall be subject to sanctions if it is determined by DHH that the MCO has created barriers to timely due process, and/or, if ten (10) percent or higher of grievance decisions appealed to the State Fair Hearing level within a twelve (12) month period have been reversed or otherwise resolved in favor of the member. Examples of creating barriers shall include but not be limited to: Including binding arbitration clauses in MCO member choice forms; Labeling complaints as inquiries and funneled into an informal review; Failing to inform members of their due process rights; Failing to log and process grievances and	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy on page 1 stated that the plan shall not create barriers to timely due process. The remainder of the requirement is addressed in the Member Appeals Policy and Procedure.	MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service	Policy	Page 1, Sentence 5

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	appeals; Failure to issue a proper notice including vague or illegible notices; Failure to inform of continuation of benefits; and Failure to inform of right to State Fair Hearing.				
13.1	Applicable Definition – See Glossary				
13.2	General Grievance System Requirement				
13.2.1	Grievance System. The MCO must have a system in place for members that include a grievance process, an appeal process, and access to the State Fair Hearing system, once the MCO's appeal process has been exhausted.	Met This requirement is addressed on page 3 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Medical Management – Standard Pre and Post Service and Expedited Pre Service	Filing an Appeal	Page 3, #1
13.2.2	Filing Requirements				
13.2.2.1	Authority to File				
13.2.2.1.1	A member, or authorized representative acting on the member's behalf, may file a grievance and a MCO level appeal, and may request a State Fair Hearing, once the MCO's appeals process has been exhausted.	Met This requirement is addressed on page 3 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Medical Management Member Appeals – Standard Pre and Post Service and Expedited Pre Service	Filing and Appeal	Page 3, #2
13.2.2.1.2	A network provider, acting on behalf of the member and with the member's written consent, may file an appeal. A network provider may file a grievance or request a State Fair Hearing on behalf of a member.	Met This requirement is addressed on page 3 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Medical Management Member Appeals Standard Pre and Post Service and Expedited Pre Service	Filing an Appeal	Page 3, # 1 & #2

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.2.3	<p>Time Limits for Filing – The member must be allowed thirty (30) calendar days from the date on the MCO’s notice of action or inaction to file a grievance or appeal. Within that timeframe the member or a representative acting on their behalf may file an appeal or the provider may file an appeal on behalf of the member, and with the member’s written consent.</p>	<p>Met This requirement is addressed on page 4 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.</p>	<p>MED 131.309.03 Medical Management Member Appeals Standard Pre and post Service and Expedited Pre Service</p>	<p>Filing an Appeal</p>	<p>Page 4, #3</p>
13.2.4 13.2.4.1	<p>Procedures for Filing - The member may file a grievance either orally or in writing.</p>	<p>Met This requirement is addressed on page 4 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.</p>	<p>MED 131.309.03 Medical Management Member Appeals Standard Pre and Post Service and Expedited Pre Service</p>	<p>Filing an Appeal</p>	<p>Page 4, #4</p>
13.2.4.2	<p>The MCO shall ensure that all MCO members are informed of the State Fair Hearing process and of the MCO’s grievance and appeal procedures. The MCO shall provide to each member a member handbook that shall include descriptions of the MCO’s grievance and appeal procedures. Forms on which members may file grievances, appeals, concerns or recommendations to the MCO shall be available through the MCO, and must be provided upon request of the member. The MCO shall make all forms easily available on the MCO’s website.</p>	<p>Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy and the ACLA’s Member Handbook address this requirement.</p>	<p>MED 131.309.03 Member Management Member Appeals Standard Pre and Post Service and Expedited Pre Service Member Handbook</p>	<p>Notice of Appeal Procedures Member Grievances, Appeals, and Fair Hearings</p>	<p>Page. 4, #1 Page 42, 43, 44</p>
13.3	Grievance/Appeal Records and Report				
13.3.1	<p>The MCO must maintain records of all grievances and appeals. A copy of grievances logs and records of disposition of appeals shall be retained for six (6) years. If any litigation, claim negotiation, audit, or other action involving the documents or records has been started before the expiration of the six (6) year period, the records shall be retained until completion of the action and resolution of issues which arise from it or until the end of the regular six (6) year period, whichever is later.</p>	<p>Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy and the ACLA 13.0_Member Grievance and Appeals Report Format_v2 address this requirement.</p>	<p>MED 131.309.03 Medical Management Member Appeals Standard Pre and Post Service and Expedited Pre Service</p>	<p>Appeal Records and reports</p>	<p>Page. 2, Paragraph 1</p>

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.3.2	The MCO shall electronically provide DHH with a monthly report of the grievances/appeals in accordance with the requirements outlined in this RFP, to include, but not be limited to: member's name and Medicaid number, summary of grievances and appeals; date of filing; current status; resolution and resulting corrective action. Reports with personally identifying information redacted will be made available for public inspection.	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy and the ACLA 13.0_Member Grievance and Appeals Report Format_v2 address this requirement.	MED 131.309.03 Medical Management Member Appeals Standard Pre and Post Service and Expedited Pre Service	Appeal Records and reports	Page. 2, Paragraph 2
13.3.3	The MCO will be responsible for promptly forwarding any adverse decisions to DHH for further review/action upon request by DHH or the MCO member. DHH may submit recommendations to the MCO regarding the merits or suggested resolution of any grievance/appeal.	Met This requirement is addressed on page 2 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Medical Management Member Appeals Standard Pre and Post Service and Expedited Pre Service	Appeal Records and reports	Page. 2, Paragraph 4
13.4	Handling of Grievances and Appeal				
13.4.1	General Requirements – In handling grievances and appeals, the MCO must meet the following requirements:				
13.4.1.1	Acknowledge receipt of each grievance and appeal in writing;	Met This requirement is addressed on page 4 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Medical ManagementMember Appeals Standard Pre and Post Service and Expedited Pre Service	Handling of Appeals	Page 4, #2
13.4.1.2	Give members any reasonable assistance in completing forms and taking other procedural steps. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability;	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addresses this requirement.	MED 131.309.03 Medical Management Member Appeals Standard Pre and Post Service and Expedited Pre Service	Notice of Appeal Procedures	Page 4, #2

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.4.1.3	Ensure that the individuals who make decisions on grievances and appeals are individuals: who were not involved in any previous level of review or decision-making; and who, if deciding any of the following, are health care professionals who have the appropriate clinical expertise, as determined by DHH, in treating the member's condition or disease: an appeal of a denial that is based on lack of medical necessity, a grievance regarding denial of expedited resolution of an appeal., and a grievance or appeal that involves clinical issues.	Met This requirement is addressed in the Medical Management Member Appeals Standard Pre and Post Services and Expedited Pre Service Policy.	MED 131.309.03 Medical Management Member Appeals Standard Pre and Post Services and expedited Pre Service	Handling of Appeals	Page 4, #3 Page 6, paragraph 2
13.4.2	Special Requirements for Appeals - The process for appeals must:				
13.4.2.1	Provide that oral inquiries seeking to appeal an action are treated as appeals (to establish the earliest possible filing date for the appeal). The member or provider, acting on behalf of the member and with the member's written consent, may file an expedited appeal either orally or in writing. No additional enrollee follow-up is required.	Met This requirement is addressed on page 4 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy. This requirement is communicated to the member s in the Member Handbook.	MED 131.309.03 Medical Management Member Appeals Pre and Post Service and Expedited Pre Service Member Handbook	Filing an Appeals How to file an Appeal with AmeriHealth Caritas Louisiana	Page 4, #4 Page 43, Bullet #3
13.4.2.2	Provide the member a reasonable opportunity to present evidence, and allegations of fact or law, in person as well as in writing. (The MCO must inform the member of the limited time available for this in the case of expedited resolution).	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addressed this requirement.	MED 131.309.03 Medical Management Member Appeals Standard Pre and Post Service and Expedited Pre Service Member Handbook	Handling of Appeals Notice of Appeal Procedures What happens after you file an appeal.	Page 5, #4 Page 4 Page 43, Bullet #2
13.4.2.3	Provide the member and his or her representative opportunity, before and during the appeals process, to examine the member's case file, including medical records, and any other documents and records considered during the appeals process.	Met This requirement is addressed on page 8 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Medical Management Standard Pre and Post Service and Expedited Pre Service Member Handbook	Member Appeals 4 c What happens after you file an appeal	page 8, #4c Page 43, Bullet #2

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.4.2.4	Include, as parties to the appeal: the member and his or her representative; or the legal representative of a deceased member's estate.	Met This requirement is addressed on page 5 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Medical Management Member Appeals Standard Pre and Post Service and Expedited Pre Service	Handling of Appeals	Page 5, #5
13.4.3	Training of MCO Staff – The MCO's staff shall be educated concerning the importance of the grievance and appeal procedures and the rights of the member and providers.	Met This requirement is addressed through the training materials provider. The Quarterly Staff and Training Meeting on 08_27_2014 and 11_03_2014, the Member Appeal and Medical Dispute Comparison-LOB 2400 demonstrate that staff have received education concerning grievance and appeals.	<u>O:\Public (Non-PHI)\ACLA 2015 IPRO Readiness Review</u>	13–Member Grievances & Appeals\13 Training of MCO Staff\Medical Management Files in folder: Quarterly Staff & Training meeting 08_27-2014; Quarterly Staff & Training Meeting 1_03_2014; Final Appeal Comparisons 20140824; member appeals & Medical Dispute Comparisons – LOB 2400	Entire folder
13.4.4	Identification of Appropriate Party – The appropriate individual or body within the MCO having decision making authority as part of the grievance/appeal procedure shall be identified.	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy and ACLA_13.0_Job Description Clinical Care Review Nurse address this requirement.	MED 131.309.303 Medical Management Member Appeals – Standard Pre and Post Service and Expedited Pre Service	Content of Notice	Page 6, First bullet Page 7
13.4.5	Failure to Make a Timely Decision – Appeals shall be resolved no later than stated time frames and all parties shall be informed of the MCO's decision. If a determination is not made in accordance with the timeframes specified in §13.7 of this RFP, the member's request will be deemed to have been approved as of the date upon which a final determination should have been made.	Met This requirement is addressed in the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy on pages 9 and 10.	MED 131.309.303 Medical Management Member Appeals – Standard Pre and Post Service and Expedited Pre Service	Member Appeals	Page 9, #13

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.4.6	Right to State Fair Hearing – The MCO shall inform the member of their right to seek a State Fair Hearing if the member is not satisfied with the MCO’s decision in response to an appeal and the process for doing so.	Met The ACLA_13.0_Member Appeal Expedited_Uphold__20141124 letter addresses this requirement.	Notice of Action Letters MED 131.309.303 Medical Management Member Appeals – Standard Pre and Post Service and Expedited Pre Service	Content of Notice	Page 5, #1 Bullet 2
13.5	Notice of Action				
13.5.1	Language and Format Requirements – The notice must be in writing and must meet the language and format requirements of 42 C.F.R. §438.10(c) and (d) and Section § 12 of this RFP to ensure ease of understanding.	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addressed this requirement.		Letters	See Member Appeal Med Dir Uphold
13.5.2	Content of Notice of Action – The Notice of Action must explain the following:				
13.5.2.1	The action the MCO or its contractor has taken or intends to take;	Met The ACLA_13.0_Member Appeal Med Dir Uphold letter addressed this requirement.		Letters	See Member Appeal Med Dir Uphold
13.5.2.2	The reasons for the action;	Met The ACLA_13.0_Member Appeal Med Dir Uphold letter addressed this requirement.		Letters	See Member Appeal Med Dir Uphold
13.5.2.3	The member’s or the provider’s right to file an appeal with the MCO;	Met The ACLA_13.0_Appeal Untimely Filing letter addressed this requirement.		Letters	See Member Appeal Med Dir Uphold
13.5.2.4	The member’s right to request a State Fair Hearing, after the MCO’s appeal process has been exhausted;	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addressed this requirement on page 7.		Letters	See Member Appeal Med Dir Uphold
13.5.2.5	The procedures for exercising the rights specified in this section;	Met The ACLA_13.0_Member Appeal Expedited_Uphold_20141124 addressed this requirement.		Letters	See Member Appeal Med Dir Uphold
13.5.2.6	The circumstances under which expedited resolution is available and how to request it; and	Met The ACKA_13.0_Member Appeal Acknowledgement letter addressed this requirement.		Letters	See Member Appeal Med Dir Uphold

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.5.2.7	The member's right to have benefits continued pending resolution of the appeal, how to request that benefits be continued, and the circumstances under which the member may be required to repay the costs of these services.	Met The ACLA_13.0_Member Appeal Med Dir Uphold letter addressed this requirement.		Letters	See Member Appeal Med Dir Uphold
13.5.2.8	Oral interpretation is available for all languages and how to access it.	Met The Member Appeal Medical Directory Uphold letter provides a phone number to call to ask for more information. The footer on all appeals letters includes the required regulatory language pertaining to interpretation services.		Letters	See Member Appeal Med Dir Uphold
13.5.3	Timing of Notice of Action - The MCO must mail the Notice of Action within the following timeframes:				
13.5.3.1	For termination, suspension, or reduction of previously authorized Medicaid-covered services, at least ten (10) days before the date of action, except:	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addresses this requirement.	MED 131.309.303 Medical Management Member Appeals – Standard Pre and Post Service and Expedited Pre Service	Letters Timing of Notice of Action	See Member Appeal Med Dir Uphold Page 5, #1
13.5.3.1.1	The period of advanced notice is shortened to five (5) days if probable member fraud has been verified or by the date of action for the following: <ul style="list-style-type: none"> • in the death of a recipient; • a signed written recipient statement requesting service termination or giving information requiring termination or reduction of services (where he understands that this must be the result of supplying that information); • the recipient's admission to an institution where he is eligible for further services; • the recipient's address is unknown and mail directed to him has no forwarding address; • the recipient has been accepted for Medicaid services by another local jurisdiction; or 	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addresses this requirement.	MED 131.309.303 Medical Management Member Appeals – Standard Pre and Post Service and Expedited Pre Service	Timing of Notice of Action	Page 5, #1 a, Bullets 1 through 7

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	<ul style="list-style-type: none"> the recipient's physician prescribes the change in the level of medical care; or as otherwise permitted under 42 CFR §431.213. 				
13.5.3.2	For denial of payment, at the time of any action affecting the claim.	<p>Not Met The plan did not provide documentation regarding denial of payment that addressed this requirement.</p>			
13.5.3.3	<p>For standard service authorization decisions that deny or limit services, as expeditiously as the member's health condition requires and within fourteen (14) calendar days following receipt of the request for service, with a possible extension of up to fourteen (14) additional calendar days, if:</p> <ul style="list-style-type: none"> the member, or the provider, acting on behalf of the member and with the member's written consent, requests extension; or the MCO justifies (to DHH upon request) a need for additional information and how the extension is in the member's interest. 	<p>Met This requirement is addressed in the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy on page 5.</p>	MED 131.309.303 Medical Management Member Appeals – Standard Pre and Post Service and Expedited Pre Service	<p>Letters Timing of Notice of Action</p>	<p>See Member Appeal Med Dir Uphold Page 5, #2a & #2b</p>
13.5.3.4	<p>If the MCO extends the timeframe in accordance with above, it must:</p> <ul style="list-style-type: none"> give the member written notice of the reason for the decision to extend the timeframe and inform the member of the right to file a grievance if he or she disagrees with that decision, and issue and carry out its determination as expeditiously as the member's health condition requires and no later than the date the extension expires. 	<p>Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addresses this requirement.</p>	MED 131.309.303 Medical Management Member Appeals – Standard Pre and Post Service and Expedited Pre Service	<p>Letters Timing of Notice of Action</p>	<p>See Member Appeal Med Dir Uphold Page 5, #3</p>
13.5.3.5	On the date the timeframe for service authorization as specified in § 13.6.3.3 expires. Untimely service authorizations constitute a denial and are thus adverse actions.	<p>Met This requirement is addressed on page 5 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.</p>	MED 131.309.303 Medical Management Member Appeals – Standard Pre and Post Service and Expedited Pre Service	<p>Letters Timing of Notice of Action</p>	<p>See Member Appeal Med Dir Uphold Page 5, #4</p>

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.5.3.6	For expedited service authorization decisions where a provider indicates, or the MCO determines, that following the standard timeframe could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function, the MCO must make an expedited authorization decision and provide notice as expeditiously as the member's health condition requires and no later than seventy-two (72) hours after receipt of the request for service.	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addresses this requirement.	MED 131.309.303 Medical Management Member Appeals – Standard Pre and Post Service and Expedited Pre Service	Letters Timing of Notice of Action	See Member Appeal Med Dir Uphold Page 6, #5
13.5.3.7	The MCO may extend the seventy-two (72) hours time period by up to fourteen (14) calendar days if the member requests an extension, or if the MCO justifies (to DHH upon request) a need for additional information and how the extension is in the member's interest.	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addresses this requirement.	MED 131.309.303 Medical Management Member Appeals – Standard Pre and Post Service and Expedited Pre Service	Letters Timing of Notice of Action	See Member Appeal Med Dir Uphold Page 6, #6
13.5.3.8	DHH will conduct random reviews to ensure that members are receiving such notices in a timely manner.				
13.6	Resolution and Notification				
13.6	The MCO must dispose of a grievance and resolve each appeal, and provide notice, as expeditiously as the member's health condition requires, within the timeframes established in below.	Met This requirement is addressed on page 6 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Medical Affairs Pre and Post Service and Expedited Pre Service	Resolution and Notification	Page 6, #1
13.6.1	Specific Timeframes				
13.6.1.1	Standard Disposition of Grievances - For standard disposition of a grievance and notice to the affected parties, the timeframe is established as ninety (90) days from the day the MCO receives the grievance.	Met This requirement is addressed in the Member Grievance Policy.			
13.6.1.2	Standard Resolution of Appeals - For standard resolution of an appeal and notice to the affected parties, the timeframe is established as thirty (30) calendar days from the day the MCO receives the appeal. This timeframe may be extended under § 13.7.2 of this section.	Met This requirement is addressed on page 6 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Medical Affairs Appeals Standard Pre and Post Service and Expedited Pre Service	Resolution and Notification	Page 6, #2

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.6.1.3	<p>Expedited Resolution of Appeals - For expedited resolution of an appeal and notice to affected parties, the timeframe is established as seventy-two (72) hours after the MCO receives the appeal. This timeframe may be extended under § 13.6.2 of this Section.</p>	<p>Met This requirement is addressed on page 6 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.</p>	MED 131.309.03 Medical Affairs Appeals Standard Pre and Post Service and Expedited Pre Service	Resolution and Notification	Page 6, #3
13.6.2	<p>Extension of Timeframes - The MCO may extend the timeframes from § 13.6.1 of this section by up to fourteen (14) calendar days if:</p> <ul style="list-style-type: none"> • the member requests the extension; or • the MCO shows (to the satisfaction of DHH, upon its request) that there is need for additional information and how the delay is in the member's interest. 	<p>Met This requirement is addressed on page 6 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.</p>	MED 131.309.03 Medical Affairs Appeals Standard Pre and Post Service and Expedited Pre Service	Resolution and Notification	Page 6, #4
13.6.2.2	<p>Requirements Following Timeframe Extension- If the MCO extends the timeframes, it must, for any extension not requested by the member, give the member written notice of the reason for the delay.</p>	<p>Met This requirement is addressed on page 5 subsection 2b of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.</p>	MED 131.309.03 Medical Affairs Standard Pre and Post Service and Expedited Pre Service	Resolution and Notification	Page 5, #2b
13.6.3 13.6.3.1 13.6.3.2	<p>Format of Notice of Disposition - Grievances. DHH will specify the method the MCO will use to notify a member of the disposition of a grievance.</p> <p>Appeals. For all appeals, the MCO must provide written notice of disposition. For notice of an expedited resolution, the MCO must also make reasonable efforts to provide oral notice.</p>	<p>Met This requirement is addressed on pages 6 and 10 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.</p>	MED 131.309.03 Medical Affairs Appeals Pre and Post Service and Expedited Pre Service	Content of Notice *Note*	Page 6, #1 Page , 10

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.6.4 13.6.4.1 13.6.4.2	<p>Content of Notice of Appeal Resolution - The written notice of the resolution must include the following: the results of the resolution process and the date it was completed.</p> <p>For appeals not resolved wholly in favor of the members: the right to request a State Fair Hearing, and how to do so; the right to request to receive benefits while the hearing is pending, and how to make the request; and that the member may be held liable for the cost of those benefits if the hearing decision upholds the MCO's action.</p>	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addressed this requirement.	MED 131.309.03 Medical Affairs Appeals Pre and Post Service and Expedited Pre Service	Content of Notice	Page 6, #1, Bullet 1 Page 6, #1, bullet 2
13.6.5	<p>Requirements for State Fair Hearings - The MCO shall comply with all requirements as outlined in this RFP.</p>	Met This requirement is addressed on page 6 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Medical Affairs Appeals Pre and Post Service and Expedited Pre Service	Content of Notice	Page 7, #1, Bullet 2, Bullet 2
13.6.5.1	<p>Availability. If the member has exhausted the MCO level appeal procedures, the member may request a State Fair Hearing within thirty (30) days from the date of the MCO's notice of resolution.</p>	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addressed this requirement.	MED 131.309.03 Medical Affairs Appeals Pre and Post Service and Expedited Pre Service	Content of Notice	Page 7, Bullet 2, Bullet 2
13.6.5.2	<p>Parties. The parties to the State Fair Hearing include the MCO as well as the member and his or her representative or the representative of a deceased member's estate.</p>	Met This requirement is addressed on page 8 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Member Appeals Standard Pre and Post Service and Expedited Pre Service	Member Appeals	Page. 8, # 4d
13.7	Expedited Resolution of Appeals				
13.7.0	<p>The MCO must establish and maintain an expedited review process for appeals, when the MCO determines (for a request from the member) or the provider, acting on behalf of the member and with the member's written consent, indicates (in making the request on the member's behalf or supporting the member's request) that taking the time for a standard resolution could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function.</p>	Met This requirement is addressed on page 1 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Member Appeals Standard Pre and Post Service and Expedited Pre Service	Policy	Page1, Paragraph 1

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.7.1	<p>Prohibition Against Punitive Action - The MCO must ensure that punitive action is not taken against a provider, acting on behalf of the member and with the member's written consent, who requests an expedited resolution or supports a member's appeal.</p>	<p>Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addressed this requirement.</p>	<p>MED 131.309.03 Member Appeals Standard Pre and Post Service and Expedited Pre Service</p>	<p>Filing and Appeal</p>	<p>Page. 4, #5</p>
13.7.2	<p>Action Following Denial of a Request for Expedited Resolution – If the MCO denies a request for expedited resolution of an appeal, it must:</p> <ul style="list-style-type: none"> • transfer the appeal to the timeframe for standard resolution; • make reasonable efforts to give the member prompt oral notice of the denial, and follow up within two (2) calendar days with a written notice. • This decision (i.e., the denial of a request for expedited resolution of an appeal) does not constitute an Action or require a Notice of Action. The Member may file a grievance in response to this decision. 	<p>Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addressed this requirement.</p>	<p>MED 131.309.03 Member Appeals Standard Pre and Post Service and Expedited Pre Service</p>	<p>Resolution and Notification</p>	<p>Page. 5, #3a</p>
13.7.3	<p>Failure to Make a Timely Decision – Appeals shall be resolved no later than above stated timeframes and all parties shall be informed of the MCO's decision. If a determination is not made by the above timeframes, the member's request will be deemed to have been approved as of the date upon which a final determination should have been made.</p>	<p>Met This requirement is addressed on page 9 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.</p>	<p>MED 131.309.03 Member Appeals Standard Pre and Post Service and Expedited Pre Service</p>	<p>Member Appeals</p>	<p>Page 9. #13</p>

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.7.4 13.7.4.1 13.7.4.2	Process – The MCO is required to follow all standard appeal requirements for expedited requests except where differences are specifically noted in the requirements for expedited resolution. The member or provider, acting on behalf of the member and with the member's written consent, may file an expedited appeal either orally or in writing. No additional follow-up may be required. The MCO shall inform the member of the limited time available for the member to present evidence and allegations of fact or law, in person and in writing, in the case of expedited resolution.	Met This requirement is addressed on pages 4 through 6 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Member Appeals Standard Pre and Post Service and Expedited Pre Service	Handling of Appeals	Page 5, #4
13.7.5	Authority to File – The Medicaid member or their provider, acting on behalf of the member and with the member's written consent, may file an expedited appeal either orally or in writing. No additional member follow-up is required.	Met This requirement is addressed on page 4 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Member Appeals Standard Pre and Post Service and Expedited Pre Service	Filing of Appeals	Page 4, #4
13.7.6	Format of Resolution Notice – In addition to written notice, the MCO must also make reasonable effort to provide oral notice.	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addressed this requirement.	MED 131.309.03 Member Appeals Standard Pre and Post Service and Expedited Pre Service	Resolution and Notification	Page ,6, #3a Page 10
13.8	Continuation of Benefits				
13.8.1	Terminology - As used in this section, "timely" filing means filing on or before the later of the following: within ten (10) days of the MCO mailing the notice of action or the intended effective date of the MCO's proposed action.				
13.8.2	Continuation of Benefits – The MCO must continue the member's benefits if: <ul style="list-style-type: none"> • the member or the provider, acting on behalf of the member and with the member's written consent, files the appeal timely; • the appeal involves the termination, suspension, or reduction of a 	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addresses this requirement.	MED 131.309.03 Member Appeals Standard Pre and Post Service and Expedited Pre Service	Continuation of Benefits	Page 6, #1

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
	<p>previously authorized course of treatment;</p> <ul style="list-style-type: none"> • the services were ordered by an authorized provider; • the original period covered by the original authorization has not expired; and • the member requests extension of benefits. 				
13.8.3	<p>Duration of Continued or Reinstated Benefits – If the MCO continues or reinstates the member's benefits while the appeal is pending, the benefits must be continued until one of following occurs:</p> <ul style="list-style-type: none"> • the member withdraws the appeal; • ten (10) days pass after the MCO mails the notice, providing the resolution of the appeal against the member, unless the member, within the ten (10) day timeframe, has requested a State Fair Hearing with continuation of benefits until a State Fair Hearing decision is reached; • a State Fair Hearing Officer issues a hearing decision adverse to the member; • the time period or service limits of a previously authorized service has been met. 	<p>Met This requirement is addressed on page 7 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.</p>	<p>MED 131.309.03 Member Appeals Standard Pre and Post Service and Expedited Pre Service</p>	<p>Continuation of Benefits</p>	<p>Page 6, #2</p>
13.8.4	<p>Member Responsibility for Services Furnished While the Appeal is Pending – If the final resolution of the appeal is adverse to the member, that is, upholds the MCO's action, the MCO may recover the cost of the services furnished to the member while the appeal is pending, to the extent that they were furnished solely because of the requirements of this Section, and in accordance with the policy set forth in 42 C.F.R. § 431.230(b).</p>	<p>Met This requirement is addressed on page 7 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.</p>	<p>MED 131.309.03 Member Appeals Standard Pre and Post Service and Expedited Pre Service</p>	<p>Continuation of Benefits</p>	<p>Page 7, #3</p>

Contract RFP Reference	Contract Requirement Language	Review Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
13.9	Information to Providers and Contractors				
13.9.0	The MCO must provide the information specified at 42 C.F.R. § 438.10(g)(1) about the grievance system to all providers and contractors at the time they enter into a contract.	Met This requirement is addressed in the Provider Handbook.			
13.10	Recordkeeping and Reporting Requirements				
13.10.0	Reports of grievances and resolutions shall be submitted to DHH as specified in §13.4 and of this RFP. The MCO shall not modify the grievance procedure without the prior written approval of DHH.	Met This requirement is addressed on page 1 of the MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service Policy.	MED 131.309.03 Member Appeals Standard Pre and Post Service and Expedited Pre Service	Policy	Page 1, Sentence 3
13.11	Effectuation of Reversed Appeal Resolutions				
13.11.1	Services not Furnished While the Appeal is Pending – If the MCO or the State Fair Hearing officer reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending, the MCO must authorize or provide the disputed services promptly, and as expeditiously as the member's health condition requires.	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addressed this requirement.	MED 131.309.03 Member Appeals Standard Pre and Post Service and Expedited Pre Service	Reversed Appeal Resolutions	Pg., 10
13.11.2	Services Furnished While the Appeal is Pending – If the MCO or the State Fair Hearing officer reverses a decision to deny authorization of services, and the member received the disputed services while the appeal was pending, the MCO must pay for those services, in accordance with this Contract.	Met The MED 131.309.03 Medical Management Appeals, Standard Pre and Post Service and Expedited Pre Service policy addressed this requirement.	MED 131.309.03 Member Appeals Standard Pre and Post Service and Expedited Pre Service	Reversed Appeal Resolutions	Pg., 10