

Grievance and Appeals Tip Sheet



	Clinical Appeals	Administrative Appeals	Member Grievance	Provider Grievance
Definition	A request to review an adverse medical necessity determination made in response to a request for services.	A request to reconsider an action of denial of services, or claims payment for services, based on reasons other than a lack of medical necessity.	An expression of dissatisfaction about any matter other than an action (denial)	An expression of dissatisfaction about any matter other than an action (denial)
Examples	Member does not meet criteria for certain level of care or for the number of days requested and the provider does not want to negotiate the level of care	Member is Block Grant but provider asking for Medicaid services. Provider is not licensed to provide services requested. Provider requesting services after the care has been provided.	Access to Services, Care Disruptions, Claims/Invoice Issues, Clinical Issues, Quality of Care Issues, Service Issues	Access to Services, Care Disruptions, Claims/Invoice Issues, Clinical Issues, Quality of Care Issues, Service Issues
When to Request	After requesting and being denied an authorization based upon medical necessity criteria	After requesting and being denied an authorization not based upon medical necessity criteria	Anytime dissatisfaction occurs	Anytime dissatisfaction occurs
Who Can Request	Member, designated representative or Provider (if not the member, must have member release of information)	Member, designated representative or Provider (if designated representative, must have member release of information)	Member, Provider or Delegate (if not the member, must have member release of information)	Providers, Stakeholder
Request Timeframes	30 calendar days from receipt of initial notification (not from verbal notice to appeal)	30 calendar days from receipt of initial notification (not from verbal notice to appeal)	180 calendar days from the date of dissatisfaction	180 calendar days from the date of dissatisfaction
Release of Information Required?	Yes	No if a member or provider is filing the appeal	Only if someone other than the member is filing on behalf of the member	No

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Decision Timeframes	Depends upon the type of appeal: <u>Expedited</u> (Level III or above or of serious detriment to the member) 3 business days from receipt of the appeal. <u>All other appeals</u> : 14 calendar days from receipt of the appeal. The member/provider may request an additional 14 days. VO must have SRS approval if they ask for an additional 14 days.	14 calendar days from the date the appeal was requested. The member may request an additional 14 days. VO must have SRS approval if they ask for an additional 14 days.	14 calendar days from receipt of all required documentation. The member may request an additional 14 days. VO must have SRS approval if they ask for an additional 14 days.	14 calendar days from receipt of all required documentation. The member may request an additional 14 days. VO must have SRS approval if they ask for an additional 14 days.
Who Makes the Decisions	Peer advisors not involved in making the initial denial determination	The appropriate reviewer. Depends upon the reason for the denial.	Depends upon the reason for dissatisfaction. Usually VO QI or Provider staff.	Depends upon the reason for dissatisfaction. Usually VO QI or Provider staff.
Other Recourse/State Fair Hearing (these can be filed at any time during the process)	30 calendar days from receipt of notification	30 calendar days from receipt of notification	30 calendar days from receipt of notification	30 calendar days from receipt of notification
Additional Information	Can request a reconsideration within 3 days from receipt of initial notification and speak with the VO-KS medical director. This is not considered an appeal.	n/a	n/a	n/a

Action - the denial or limited authorization of a requested service

It is important to note, in the case of medical necessity denials, ValueOptions denies payment for the treatment. ValueOptions does not deny the treatment itself.

Questions? Please contact:

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